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SOMERSET COUNTY COUNCIL



REPORT
OF THE
MEDICAL OFFICER OF HEALTH
FOR THE YEAR
1970

A. PARRY JONES,
M.B., B.CH., D.P.H.

County Medical Officer of Health.

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Waiting Room at Street Health Centre

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE
OF THE SOMERSET COUNTY COUNCIL

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report for 1970 on the public health services of Somerset.

It has been a year of uncertainty for those members of the staff of the Health Department who are affected by the changes of the Social Services Act. Somerset has long been noted for the happy atmosphere that prevails amongst County Council employees and the planning for the new Department has been carried out constructively and without appreciable disruption of the existing services. The Mental Health Service and the Home Help Service which are passing to the new Social Services Committee are well established and I have been particularly gratified to receive many favourable and complimentary comments on them from the new Director of Social Services.

The new Health Centre at Street opened during the year and building work is progressing well with two further Centres at Nailsea and Clevedon. The pattern of general practice is changing in this County: the new buildings have provided working models and have set high standards.

Rubella vaccination of girls aged 11 to 13 was introduced in September but the response from the public has been most disappointing. Fortunately our computer file for vaccination and immunisation includes all children in the County up to the age of 13 and rubella vaccinations will be included in the computer scheme as from the 1st January, 1971.

I would thank the other Departments of the County Council, the hospitals and general practitioners for all the help we have received during the year.

Finally, I would pay tribute to the assistance we have received from the many voluntary organisations in the County. Somerset has a long tradition of voluntary aid to the official provisions and without it our services would be very much the poorer.

I am,
Yours faithfully,

A. PARRY JONES,

County Medical Officer of Health.

County Hall,
Taunton.

March, 1971.

STAFF

The following are the Senior Public Health Officers:—

CENTRAL OFFICE STAFF:

County Medical Officer of Health:

Principal School Medical Officer:

A. PARRY JONES, M.B., B.Ch., D.P.H.

Deputy County Medical Officer of Health:

Deputy Principal School Medical Officer:

J. BEASLEY, M.B., B.S., D.P.H.

Senior Medical Officer for Maternal and Child Welfare:

B. MARY THOMPSON, M.D., B.S., D.P.H.

Senior Assistant County Medical Officer:

W. MARGARET BOND, M.B., B.S., D.C.H., D.Obst.R.C.O.G.

Chief Dental Officer:

QUENTIN A. DAVIES, L.D.S., R.C.S.(Eng.)

County Public Analyst:

JOAN D. PEDEN, B.Sc., F.R.I.C.

County Health Inspector:

C. E. WATERFALL, M.I.P.H.E., M.A.P.H.I.

Principal Administrative Officer:

R. F. COTTRELL, D.P.A. (Until 30th September, 1970)

R. V. SMITH, A.C.I.S., D.M.A., M.O.M.S., M.I.L.G.A.

County Ambulance Officer:

R. S. J. BISHOP, D.P.A., F.I.A.O.

Mental Health Officer:

A. H. EDWARDS, M.B.E., D.P.A., F.C.C.S.

County Nursing Officer:

Miss F. E. HOUGHTON, S.R.N., S.C.M., H.V., Q.N.

Home Help Organiser:

Miss L. C. E. CHALK, M.I.H.H.O.

AREA STAFF:

P. P. FOX, M.B., Ch.B., D.P.H. *Area Medical Officer to Combined Area 'D'*
(Yeovil Borough, Yeovil Rural and
Wincanton Rural Districts)

D. McGOWAN, M.B., Ch.B., D.P.H. *Area Medical Officer to Combined Area 'H'*
(Weston-super-Mare Borough and Axbridge
Rural District)

H. MORRISON, M.B., Ch.B., D.P.H. *Area Medical Officer to Combined Area 'L'*
(Taunton Borough, Taunton Rural,
Wellington Urban and Wellington Rural
Districts)

N. NEWMAN, M.B., Ch.B., D.P.H. *Area Medical Officer to Combined Area 'E'*
(Frome Urban and Rural, Bathavon Rural,
Keynsham Urban, Clutton Rural and
Norton Radstock Urban Districts)

R. H. WATSON, M.B., Ch.B.,
B.A.O., D.P.H. *Area Medical Officer to Combined Area 'J'*
(Bridgwater Borough, Bridgwater Rural and
Burnham-on-Sea Urban Districts)

A. M. McCALL, M.R.C.S.,
L.R.C.P., D.P.H. *Area Medical Officer to Combined Area 'A'*
(Chard Borough, Ilminster Urban,
Crewkerne Urban, Langport and Chard Rural
Districts)

AREA STAFF—continued:

D. E. CLARE, M.B., B.S., D.P.H. *Area Medical Officer to Combined Area 'C'*
(Shepton Mallet Urban and Rural, Wells City,
Wells Rural, Street Urban District and
Glastonbury Borough)

VALERIE N. BAKER, M.B., Ch.B., *Area Medical Officer to Combined Area 'G'*
D.R.C.O.G., D.P.H. *(Clevedon Urban, Long Ashton and*
Portishead Urban Districts)

COMMITTEES

The following are concerned in matters of public health:—

HEALTH COMMITTEE: and its Sub-Committees for: Midwifery and Nursing Services, and for Mental Health Services.

SUMMARY OF VITAL STATISTICS

Area (in acres)	..	..	..	..	..	..	1,024,971
Population (1970)	..	..	..	..	..	..	585,330
Live Births—							
Number: 8,827 Rate per 1,000 population	..	..	..	..	..	..	15.1
Illegitimate Live Births—							
Number: 545 Rate per cent of total live births	..	..	..	..	..	..	6
Stillbirths—							
Number: 94 Rate per 1,000 live and stillbirths	..	..	..	..	..	..	11
Total Live and Stillbirths—							
Number: 8,921 Rate per 1,000 population	..	..	..	..	..	..	15.2
Infant Deaths (deaths under 1 year)	..	..	..	..	..	..	146
Infant Mortality Rates—							
Total Infant Deaths (146) per 1,000 total live births	..	..	..	..	..	..	17
Legitimate Infant Deaths (133) per 1,000 legitimate live births	..	..	..	..	..	..	16
Illegitimate Infant Deaths (13) per 1,000 illegitimate live births	..	..	..	..	..	..	24
Neo-natal Mortality Rate (deaths under 4 weeks) (99) per 1,000 total live births	..	..	..	..	..	..	11
Early Neo-natal Mortality Rate (deaths under 1 week) (80) per 1,000 total live births	..	..	..	..	..	..	9
Peri-natal Mortality Rate (stillbirths and deaths under 1 week combined) (174) per 1,000 total live and stillbirths	..	..	..	..	..	..	20
Maternal Mortality (1) per 1,000 total live and stillbirths	..	..	..	..	..	..	0.11

Comment on Vital Statistics—Registrar General's Figures

The County population increased during the year by 5,400, compared with 7,000 for the previous year. The births, at 8,921, decreased by 110. The live birth rate at 15.1 per thousand population is slightly lower than the figure of 15.36 for 1969.

The number of illegitimate births show a biannual fluctuation but this year at 550 are the lowest since 1965. The illegitimate birth rate at 6 per cent is still significantly lower than the national average of 8 per cent.

The infant death rate, at 17 per thousand total live births, is higher than it has been for five years (15.7) but is still better than the national figure of 18.0.

The tables on pages 10 and 11 show how the various figures and rates have fluctuated over a period of 11 years with, in the main, a steady improvement in the figures.

DRUG DEPENDENCY

During the past two years a number of instances of drug taking by young people have come to light in various towns in the County. The Somerset Local Medical Committee and the Somerset Pharmaceutical Committee jointly established a Working Party on addictive drugs in order to see if any practical steps could be taken to reduce drug abuse.

The Working Party recommended to general practitioners:—

1. We are concerned over the misuse of drugs, especially Amphetamines and Amphetamine-like products. We are recommending Doctors not to prescribe, if possible, the following drugs:— Drinamyl, Durophet, and Dextro-Amphetamine. Other commonly prescribed appetite suppressants should be prescribed with caution as many of them are Amphetamine derivatives.
2. At the moment drugs in the Tranquilliser and Barbiturate groups are involved to a lesser degree in the problem of addiction. It is realised that Doctors will need to prescribe these drugs but it is hoped that care will be taken to avoid over prescribing. The following drugs have been found to be a problem in this area:— Mandrax, Librium, Amytal and Dimyrl.

In addition, it was recommended to Somerset chemists:—

1. We are concerned that breaking and entering into Pharmacies is increasing in Somerset. It would seem that a practical contribution to this problem would be made if Pharmacists were to gradually reduce their stocks of these drugs until such time as they cease stocking them altogether.
2. We recommend, that representations should be made to the General Medical Services Committee of the B.M.A. and the Central N.H.S. (Chemist Contractors) Committee that Amphetamines and the Amphetamine derived drugs to be made available in minimum packs of 25.

These recommendations were subsequently sent by the Local Medical Committee and by the Pharmaceutical Committee to all general practitioners and chemists working in the County.

PREVENTION OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Table 6 gives details of notified cases of infectious diseases and their distribution, with comparative figures for the previous year.

POLIOMYELITIS. There were no confirmed cases in 1970. The last year in which cases were confirmed was 1966 when there were 2.

VENEREAL DISEASE

Centre	New Cases			Increase or Decrease during 1970
	1968	1969	1970	
Bath	16 (49)	6 (51)	11 (69)	+ 5 (+ 18)
Bridgwater	13 (37)	8 (38)	15 (26)	+ 7 (– 12)
Bristol	47 (187)	93 (296)	104 (379)	+11 (+ 83)
Taunton	33 (85)	33 (108)	40 (114)	+ 7 (+ 6)
Weston-super-Mare	2 (30)	9 (49)	13 (94)	+ 4 (+ 45)
Yeovil	5 (45)	5 (47)	11 (52)	+ 6 (+ 5)
All Clinics	116 (433)	154 (589)	194 (734)	+40 (+145)

The figures shown in brackets are the number of new cases suffering from “other conditions” and conditions undiagnosed at 31st December, 1970.

HEALTH CENTRES

The three Health Centres already in operation at the beginning of the year continued to run smoothly and efficiently. They provide a very good service to the General Practitioners and the Local Authority personnel who work from them, and to the general public.

Tenders were received in respect of proposed Centres at Clevedon and Nailsea. Building on the former commenced in April and it is expected to open in June 1971. Building of the Centre at Nailsea is nearing completion.

The Health Centre at Street, which was an adaptation of the old Strode School, opened on the 2nd November, 1970. At the end of the year a few external works still remained to be carried out.

Progress was made in respect of Health Centres planned for Wellington, Wincanton and Worle. At Wellington difficulties over the purchase of the site held up matters early in the year but these were finally resolved and, by the end of the year, sketch plans acceptable to the General Practitioners had been prepared. Sketch plans for Wincanton Health Centre were also produced and submitted to the Department of Health, having been already agreed by the General Practitioners. The design of the Worle Health Centre was also agreed both by the Department and the General Practitioners and approval was sought from the Department in respect of the cost limit.

Continuing efforts were made during the course of the year to find a site for a Health Centre at Yeovil. A possible site was eventually found but the purchase could not be proceeded with until the Department of the Environment had decided on the line of a new road.

MATERNAL AND CHILD HEALTH

ANTE-NATAL CARE

Although the number of home deliveries is now only very small in many areas, this has not decreased the amount of time spent by midwives on ante-natal care. Most of the general practitioners now have a local authority midwife attending their ante-natal sessions and they share the ante-natal care of patients whether booked for hospital or home confinements.

Now that there are no longer local authority blood clinics, the testing of blood is done either by family doctors for patients having home confinements or at hospital clinics for hospital booked cases.

Last year's report made reference to the extent of syphilis discovered in ante-natal blood testing. Venereologists point out that negative results of such tests may be due to the fact that the expectant mother is in the early stages of the disease when tested or is giving a temporary negative result because of recent treatment for some other infection by an antibiotic which modifies the reaction. For this reason the recommended two tests in the ante-natal period give more security than one and the timing of the tests is obviously important.

HOSPITAL BED BOOKINGS

A feature of the maternity services of recent years has been the increase in number of hospital confinements compared with home confinements. It is interesting that a Ministry of Health circular in 1948 suggested a figure of 50 per cent hospital confinements. The Cranbrook Report of 1959 recommended that there should be sufficient maternity beds to provide for a national average of 70 per cent of all confinements to take place in hospital, whilst the recent Sub-Committee of the Standing Maternity and Midwifery Advisory Committee under the chairmanship of Sir John Peel has recommended the provision of sufficient facilities to allow for 100 per cent hospital delivery. The aim of the Maternity Bed Bureau of my Department has been to get the right patient into the right sort of bed and as the agent of the Regional Hospital Board we have endeavoured to see that patients are booked into general practitioner maternity units, consultant obstetric units (in Somerset, Bristol and Bath) or the twenty-four hour bed units, whichever are appropriate.

In 1960, 2,521 women in Somerset (31 per cent of the total) had their babies at home. In 1970, only 800 births (9 per cent of all County births) took place at home. With an increase of over 20 per cent in hospitalisation for delivery, the County Health Department has clearly become more involved in the selection of applications for maternity beds and as the total number of beds available has not appreciably increased more women are leaving hospital earlier. In 1970, one-third of those booked for hospital confinement were discharged early and this is a trend which is continuing. Apart from the 24 hours beds units in Musgrove Hospital, Taunton, Mary Stanley, Bridgwater, and Yeovil Hospital, 48 hours bookings are popular and in some instances consultants are booking patients for 48 hours in obstetric units and then referring them back to my Department for booking the rest of the lying in period in general practitioner units. Discharges only take place when the domiciliary midwife has ascertained that all facilities are available for the patient on her return home and this Department has the dual task of investigating social and home conditions as well as the booking of the hospital bed.

The Peel Committee has stressed the need for liaison, particularly in early discharge cases, between hospitals and local health authorities to ensure the provision of supportive services such as home helps and to link appropriately with the health visitor. With 8,000 confinements taking place in hospital, there is obviously very great need for good lines of communication to ensure that maternity units, general practitioners, domiciliary midwives and often the patient herself know what has been arranged. My Department undoubtedly plays an important role in this procedure.

PARENTCRAFT AND RELAXATION

Parentcraft and relaxation classes are held (with or without a physiotherapist) in 36 centres in the County. These centres are held in various rented halls and in the surgery premises of general practitioners and also at four hospitals for those mothers who will be confined at these hospitals. Mothers who live near Bristol and Bath can attend the classes held by the local health authorities in these cities. During 1970, the local authority classes in Somerset were attended by 2,535 women of whom only 81 were booked for confinement at home. A total of 12,983 attendances were made.

MATERNAL DEATHS

One maternal death occurred during the year. This was due to pulmonary embolism.

OBSTETRIC FLYING SQUADS

In my last report, I mentioned that there were still difficulties in providing a flying squad in the Bath Clinical area. The situation is now reasonably satisfactory. It may appear that the need for this service is much reduced since the majority of patients are confined in hospital. However, general practitioner maternity units and mothers who are taken ill at home, even though they may be booked for hospital confinement may still need this help and it is re-assuring to know it is available.

CONGENITAL ABNORMALITIES

A total of 132 cases of congenital abnormality observed at birth were notified to the Registrar General in 1970.

There was fortunately a decrease in the number of cases of central nervous system defects, 16 children with spina bifida survived their birth compared with 26 in 1969 and there was 1 stillborn baby with spina bifida compared with 5 in 1969.

Although the total number of abnormalities are not revealed by the notifications at birth, it is believed that any unusual departure from the fairly constant pattern of previous years would soon be obvious, and the scheme is therefore useful as an early warning system of unusual trends. The reports of abnormalities discovered at a later stage are also of much value in maintaining the observation register and for statistical purposes.

The following list shows the main malformations notified at birth:

Main Defects Notified at Birth	1968	1969		1970	
	All Births	Live Births	Still Births	Live Births	Still Births
Anencephalus	12	—	9	—	10
Spina bifida	13	16	—	14	1
Hydrocephalus with spina bifida	6	10	5	2	—
Hydrocephalus	9	1	4	2	3
Pilonidal sinus	4	8	—	3	—
Heart defects	2	5	—	6	—
Lung defects	—	1	—	—	—
Ear defects	3	3	—	4	—
Cleft Lip and/or Palate	14	9	—	11	—
Oesophageal Atresia	1	3	—	—	—
Intestinal defects including exomphalos and imperforate anus	4	4	1	3	—
Renal tract defect	1	2	1	—	—
Hypospadias	14	12	—	10	—
Congenital dislocation of hip	3	4	—	6	—
Talipes	52	34	—	14	—
Abnormal digits	16	14	—	13	—
Mongolism	4	5	1	9	1
Achondroplasia	3	—	—	2	—
Multiple abnormalities	6	2	2	4	2
Other defects	18	6	—	12	—
Totals	185	139	23	115	17

REGISTRAR GENERAL'S TOTALS.SOMERSET 1960-70.ENGLAND AND WALES 1970

Somerset	Population	Live Births	Still Births	First Week Deaths	Deaths 2-4 wks.,	Deaths 1-12 months	Total Infant Deaths	Deaths 1-5yrs.	Maternal Deaths	Perinatal Deaths	Illegitimate Births		
											Live	Still	Total
1960	507,270	8,095	145	106	14	40	160	20	0	251	345	4	349
1961	520,340	8,215	151	73	16	41	130	36	1	224	372	13	385
1962	527,240	8,700	153	98	17	36	151	30	3	251	438	6	444
1963	533,570	8,877	139	78	19	33	130	29	2	217	433	8	441
1964	542,990	9,154	141	68	14	37	119	24	1	209	529	13	542
1965	549,320	9,205	141	85	14	60	159	26	2	226	542	2	544
1966	555,690	9,194	130	82	17	40	139	22	1	212	567	8	575
1967	559,470	9,041	123	67	8	51	126	24	2	190	583	14	597
1968	572,960	8,866	126	83	16	40	139	27	1	209	561	15	576
1969	579,930	8,913	113	89	14	37	140	29	1	202	581	7	588
1970	585,330	8,827	94	80	19	47	146	19	1	174	545	5	550
England and Wales 1970	48,987,700	784,482	10,341	8,328	1,335	4,606	14,269			18,669	64,744	1,044	65,788

Rates. Somerset 1960—70. England and Wales 1970

Somerset	Live Births	Still Births	First Week Deaths	Neonatal Deaths	Infant Deaths	Maternal Deaths	Perinatal Deaths	Illegitimate L.B. %
1960	15.9	17.6	13.1	14.8	19.8	0.00	30.4	4.3
1961	15.8	18.0	8.9	10.8	15.8	0.12	26.8	4.5
1962	16.5	17.2	11.3	13.2	17.4	0.34	28.2	5.0
1963	16.6	15.4	8.8	10.9	14.7	0.22	24.1	4.9
1964	16.9	15.2	7.4	8.9	13.0	0.11	22.5	5.8
1965	16.8	15.1	9.2	10.7	17.3	0.21	24.2	5.9
1966	16.5	13.9	8.9	10.8	15.1	0.11	22.7	6.2
1967	16.2	13.4	7.4	8.3	13.9	0.22	20.7	6.4
1968	15.5	14.0	9.2	11.0	15.6	0.11	23.2	6.3
1969	15.4	12.5	10.0	11.6	15.7	0.11	22.4	7.0
1970	15.1	11.0	9.0	11.0	17.0	0.11	20.0	6.0
England and Wales 1970	16.0	13.0	11.0	12.0	18.0	—	23.0	8.0

CHILDREN 'AT RISK' OF DEVELOPING HANDICAPPING CONDITIONS

Hearing screening tests for babies and toddlers 'at risk' for deafness were carried out in many cases by health visitors who have completed their special training in hearing testing. Because of the very high risk of deafness and partial deafness following maternal rubella and in infants who have had meningitis, the home teachers for the deaf continued to do formal screening tests for these babies. The home teachers were also available to assist Health Visitors in carrying out a further test in any cases of doubtful response, in the sometimes difficult testing of backward infants, and in toddlers with retarded speech for whom repeated testing is often required. Looking through the records of children later found to be deaf it is noticeable that the mother's report that the child hears, has too often been taken as reliable. Unfortunately parent observations are not always accurate in this respect, e.g. 'jumping at loud noises' being mistaken for normal hearing. Parents often do not seek help until the child has not produced speech by well into the second year, leaving the diagnosis and commencement of auditory training far too late.

Screening tests for eye conditions in infants have been done in increasing numbers of developmental examinations in child health centres, and visual acuity tests have been started in a number of centres where third and fourth 'birthday' examinations are carried out.

MOTHER AND BABY HOMES

In view of the very small number of girls in the Hostel, the difficulty of access since the closure of the railway and the inadequacy of the staff accommodation, Braeside Hostel was closed in April, 1970. During the first quarter of the year, four girls were admitted ante-natally and one post-natally. Braeside, which was opened in 1950 as a hostel for six unmarried mothers and their babies served a very useful purpose during its lifetime and its closure is due to changing social conditions. The County Council accepted financial responsibility for eighteen girls in voluntary homes outside Somerset.

The scheme mentioned last year for self-contained flatlets for single-parent families in Keynsham is going ahead and work should be completed this year. This accommodation is near the County Day Nursery which will therefore provide a valuable service in accommodating the children by day if parents are working.

For some years, social workers have considered alternatives to Mother and Baby Homes for some of their clients who needed to get away from home but did not want to go to an institution and this sort of service has been established very successfully for a number of girls. They are taken in to family homes for ante-natal stay and are sometimes able to return there post-natally with their babies for short or long periods, either while awaiting adoption or finding of a residential post if a return home to their family is not possible.

DISTRIBUTION OF WELFARE FOODS

The distribution of welfare foods has continued during the year with a small nucleus of part time paid distributors but mainly through child health clinics, shops and voluntary distributors. At the end of the year there were 174 centres providing a very good service in all parts of the County. The use of these voluntary workers, enables this service to be provided at very little cost to the public and we should be grateful to them for carrying out a Government policy which was first imposed on the local health authority in 1954. It may be that some amendment of the policy is now overdue. The following table shows the extent of welfare food distribution during the past years:

Year	National Dried Milk (Tins)	Cod Liver Oil (Bottles)	Vitamin A & D Tablets (Packets)	Orange Juice (Bottles)
1965	67,158	11,952	13,297	132,155
1966	61,032	11,126	12,489	141,447
1967	47,518	10,067	11,310	144,334
1968	31,713	9,411	10,367	140,930
1969	21,454	8,844	11,283	164,154
1970	15,754	8,270	11,806	174,051

It will be noted that during the last year there has been a further decline of 25 per cent in the sale of National Dried Milk, which has been halved in a period of two years and is now only a quarter of what it was four years ago.

YOUNG HANDICAPPED CHILDREN

Children likely to be physically or mentally handicapped have been notified as in previous years by doctors and health visitors, and arrangements have then been made for periodic review by the Area Medical Officers responsible for the handicapped. When the handicap is likely to be considerable and is already obvious to the parents an early visit has usually been made by the Area Medical Officer after discussion with the family doctor.

Parents have been reported to be most grateful for the chance of discussion with the Area Medical Officer who has knowledge of the local schools and of facilities that can be provided, and further visits at six monthly or yearly intervals have been welcomed. Preliminary assessment has been useful in order to plan the probable services required, especially when there is likely to be a 'waiting list' for a special school, but final decisions about school have often not been made until the child is almost of school age.

In most cases the Area Medical Officer has carried out appropriate developmental testing and at a later stage full I.Q. testing when indicated has been done by him or by the Educational Psychologist at his request. In some cases further testing after a period of social training at a Day Nursery, Playgroup or Training Centre has proved most valuable.

DAY NURSERIES

Since 1949, places have been provided in the day nurseries for children with social or medical reasons for admission. This year, long all-day service has made it possible to keep families together, and to keep children in their homes who might otherwise have gone to foster homes or to residential schools. The experienced staff of nursery nurses under the matrons have ensured the fullest development of children in spite of deprivation and disability and have provided a valuable assessment service to discover and develop a child's potential. The transfer of these day nurseries (two purpose-built) to the Social Services Department is a sad parting but the partnership in child care will continue.

Ten additional places at Taunton Day Nursery were provided in September and the three County Day Nurseries at Bridgwater, Keynsham and Taunton now have accommodation for 105 children although owing to shortage of staff only five of the additional places were taken up. At the end of the year there were 110 children on the registers, and 20 children within the priority classes laid down by the County Council were on the waiting lists.

The average daily attendances at the three Nurseries during the year were as follows:

	Attendances		Places allocated
	Full-time	Part-time	
Bridgwater	24.0	2.0	31.3
Taunton	32.5	0.3	40.0
Keynsham	22.6	10.0	40.2

In places where there is no County Day Nursery, arrangements were made for children in priority classes to be subsidised at private nurseries and playgroups.

NURSERIES AND CHILD MINDERS

The steady stream of applications for registration has continued at about the same level as last year and the work involved in registration and even more so in re-registration and amending registrations has again proved very considerable.

Incidental developments in this field include co-operation with the Education Department in the Mobile Playgroup Service operating in the north-east of the County and with the Further Education Service in providing courses for people caring for pre-school children which have been running in main centres throughout the County. Both basic courses for new entrants to the field and follow-on courses for those who want to learn more have been held in most centres now and there is an enthusiastic attendance.

The people concerned with pre-school children throughout the County have formed area associations and during the year agreement was given to the formation of a Somerset Pre-School Association by the area groups.

NURSING HOMES AND NURSING AGENCIES

During 1970, one Nursing Home providing 52 beds was registered under the Public Health Act, 1936, as amended by the National Health Act, 1963. At the end of the year there were 21 homes on the register, providing a total of 406 beds, four of which are for maternity patients.

The licence of the private nursing service in Weston-super-Mare was renewed under the Nurses Agencies Act, 1957.

MARRIAGE GUIDANCE

During the year, the County Council has increased their grants to the four branches of the Marriage Guidance Council, Taunton and South Somerset, Weston-super-Mare, Bristol, Bath and District, which cover the County. Counsellors of the four branches give a large number of interviews to Somerset residents where there are difficulties in marriage and other personal relationships, and indeed the demand for the services of the Marriage Guidance Council steadily increases from year to year and may do so more in future as a result of the new Divorce Reform Act. Nearly all the couples interviewed have a family and a very large number of children are involved. The saving to the community of successful marriage guidance counselling cannot be estimated in financial terms.

Last year the Taunton and South Somerset Branch of the Marriage Guidance Council dealt with 149 new cases and gave a total of 585 interviews. 233 children under the age of 16 years were involved. In Weston-super-Mare the counsellors dealt with 88 new cases during the year involving 351 interviews and 173 children under the age of 16 years. Weekly appointments are offered by the Bath and District Marriage Guidance Council at the new Health Centre at Frome where 142 Somerset cases were seen and the counsellors of the Bristol Marriage Guidance Council similarly gave a number of interviews to persons living in the north of Somerset.

FAMILY PLANNING

Advice on family planning and the provision of supplies was made available through the 13 clinics in Somerset operated by the Family Planning Association which, throughout the year, acted as agent for the County Council for medical cases.

The following details of work of the Family Planning Association in Somerset have been given by the Branch Organising Secretary.

	1968	1969	1970
Clinics	12	12	13
Clinic sessions	713	821	881
Doctor sessions	923	1,094	1,280
Medical cases helped by the Somerset County Council	241	399	585
Total patients attending	4,689	6,198	7,551
New patients	1,952	2,241	2,222
Marital problem cases	96	39	83
Sub-Fertility cases	15	21	23
Cervical cytology tests	3,148	1,342	2,357

At the end of the year the Health Committee were considering proposals for the implementation of the National Health Service (Family Planning) Act, 1967, and it is probable that a directly provided service for both medical and non-medical cases will be established in the coming year. This service would provide free consultation and advice from a number of County clinics held in Health Centres and general practitioners' surgeries. Discussions are being held with the Family Planning Association to effect a take-over of the voluntary clinics in the County and I would acknowledge the helpful co-operation and advice that I have received from Officers of the Association, both at National and Branch level.

The National Health Service (Family Planning) Act, 1967, confers on local health authorities a general power to make arrangements for the giving of advice on contraception, the medical examination of persons seeking such advice and the supply by prescription or directly of contraceptive substances and appliances.

During the year several enquiries were received from doctors as to whether the local authority would be prepared to pay the consultation fees in necessitous cases where, on social grounds, vasectomy was being considered as a possible method of contraception. It was decided to use the powers conferred by the Act in this way for individually approved cases. The authority is responsible for paying only a consultation fee and the three surgeons operating are able to make further charges should an operation subsequently be carried out.

During the year the payment of a consultation fee was approved in 25 cases.

CERVICAL CYTOLOGY

Cervical cytology tests are normally provided by general practitioners but where they are unable to carry out the tests, patients are referred to the Health Department for testing by county doctors. The policy of giving publicity to this service has been continued throughout the year by the placing of advertisements in local newspapers and distributing leaflets to women's organisations.

TERMINATION OF PREGNANCY

The numbers of illegal abortions which occurred before the Abortion Act were never accurately known but the end result of many were sadly apparent in death or residual disability. Figures for 1969 just published by the Registrar General give the total of abortions on women living in Somerset as 486, 193 of whom were single women, 264 married and 29 unspecified. Termination in girls under 16 totalled 19, but the highest proportion (55 per cent) were the 266 in the age group 20–34.

A number of women from Somerset are also known to have gone elsewhere if they have the £150 which seems the usual charge for a private abortion. Sometimes this only covers day care after the operation—with a return home the same night. When this course has been taken secretly with no one but the mother aware of her predicament the physical strain and the distress which may follow can be imagined.

There is much public ignorance about solutions to the problem of an unwanted pregnancy and some applications for termination arrive too late for the operation to be performed. Others make their request because they can think of no alternative and have no one with whom they can discuss the matter. Not infrequently there is a second pregnancy often following soon after termination which may be due to lack of social work help and advice. Plans to remedy this for women applying locally are under way.

BIRTHS

The Registrar General's figures show that there was a slight decrease in total births in Somerset from 9,031 in 1969 to 8,921 in 1970: the locally collected figures which are usually slightly lower, give totals of 8,874 in 1969 and 8,806 in 1970. Of these the number of home births has again declined from 999 in 1969 (11 per cent of total) to 800 in 1970 (9 per cent of total).

STILLBIRTHS

Of the 94 stillbirths notified by the Registrar General all but one occurred in hospital. Illegitimate stillbirths (5) are again a small proportion of the total compared with numbers over the past few years which have been in double figures.

UNDERWEIGHT BABIES

This year's figures show an improvement on 1969, particularly with the record low figure of 91 perinatal deaths and rate of 167. The percentage of underweight babies in the total of live births, however, continued to fluctuate within a limited range without showing any fall. Survival for the first 28 days are again up to 92.4 per cent of the total.

Year	Locally collected figures					Registrar General's figures	
	Total Under-weight births (Live and still)	Under-weight still-births	Under-weight first week deaths	Under-weight perinatal deaths (first week deaths plus still-births)	Under-weight perinatal death rate per 1,000 total births	All weights perinatal deaths (first week deaths plus still-births)	All weights perinatal death rate
1963	565	87	35	122	216	217	24.1
1964	578	77	42	119	205	209	22.4
1965	587	73	48	121	206	226	24.2
1966	588	84	44	128	222	212	22.7
1967	539	84	31	115	213	190	20.7
1968	559	60	49	109	198	209	23.0
1969	615	72	52	124	201	202	22.0
1970	544	57	34	91	167	174	20.0

DEATHS OF CHILDREN UNDER ONE

This year's figures are disappointing with an increase in numbers from 140 to 146 and a rise in the rate from 15.7 to 17.0. Illegitimate babies again fared worse with a rate of 24 compared with 17 for legitimate ones. Congenital abnormalities caused a quarter of the deaths and birth injury or difficult labour nearly half; both are fairly constant figures. Other unspecified causes which include prematurity made up nearly one quarter; the lack of a more detailed analysis of this latter group makes it difficult to plan preventative measures. It is hoped to carry out a more detailed analysis in future years.

Deaths in the first week totalled 80, nearly two-thirds of total deaths in the first year of life.

Deaths in the first four weeks numbered 99 and the 19 deaths in the first to fourth weeks of life were mainly due to infection or external circumstances such as a car accident.

Deaths 1–12 months totalled 47. Having survived the hazards of birth and the first weeks the largest number of babies (13 and 16 respectively) succumb to the later effects of congenital abnormalities or to respiratory infections which are the principal killers. This year six children in this age group also died in accidents. The rate of dying in the post-natal period has remained almost steady over the past ten years, however, while other rates have continued to fall.

Deaths of children – 1–5 years There were 19 deaths in this age group, the principal cause being accidents (one motor vehicle – 7 others). Respiratory diseases only killed 4 this year and leukaemia – 2.

This year there is a significant contribution from accident (15) to the loss of pre-school lives in the county. Only two of these were associated with motor vehicles, emphasising again the dangers of home and the importance of home safety in saving lives as well as preventing injury and disability in early years.

ILLEGITIMATE PREGNANCIES

In Somerset illegitimate live births decreased from 581 to 545 and illegitimate still births from 7 to 5. The County illegitimate live birth rate was 6% of total live births, a fall compared with the previous year's figure of 6.5%. Social workers of the Somerset Churches Family Welfare Association helped 375 mothers and the Clifton Catholic Children's Society 18. Others were helped by the Children's Department and Probation Officer.

In spite of the Abortion Act and increasing availability of contraceptive advice there was no consistent fall in the number of cases because in most pregnancy was unexpected and frequently concealed even up to the time of the onset of labour.

Pregnancy and making a decision about a baby's life is often a maturing influence on an individual and may bring together members of a disturbed family to a new way of life. Sometimes the pregnancy does not seem to have any impact on the individual because of the intervention of others, such as parents who 'take over' a grandchild and deprive the mother of the full consequence of motherhood. In some of these cases not surprisingly another pregnancy may follow quickly.

The following report has been contributed by Miss Owen, the organising Secretary of the Somerset Churches Family Welfare Association.

"In 1943, the Ministry of Health issued a circular to local authorities, drawing attention to the special problems confronting unmarried mothers and their children. It was pointed out, quite rightly, that in addition to normal needs for adequate care during the confinement, such women had other problems which made them and, in particular, their children, a very vulnerable group in society.

"The Ministry requested local Health Committees to provide a means by which social work help could be given and suggested that this could be achieved by the employment of special staff or by grant aid to voluntary bodies already working in the field. Prominent among these were the Christian Churches who had cared for the unmarried mother since the beginning of the century. In Somerset this course was taken, and over the years a well integrated scheme has ensured that any unmarried mother wanting help, has received it through the Somerset Churches Family Welfare Association, or the Catholic Children's Society.

"The Social Services Bill of 1970 has now transferred the responsibility for the provision of help from the Health Department to the new Social Services Department.

"It has often been said, that social services in this country are the envy of the world because of the partnership of state and voluntary organisations working side by side. A creative tension appears to be generated, in which there is a place for experiment, flexibility and imagination as well as consolidation and strength.

"The Somerset Churches Family Welfare Association has been involved in such a partnership with the Health Committee of Somerset County Council and wishes to place on record its pleasure and gratitude for the opportunity to have been a part of such a well planned service. It has been administered at all times, with care and sensitivity, and has ensured that hundreds of women were helped and the future of their children rendered less hazardous.

"The problem has grown in size and has increased in complexity with the years, and there have been many administrative and practical difficulties; but they have all been overcome by co-operation, trust and courtesy. The Association wishes to thank Dr. B. M. Thompson in particular for all her help and support during some important years in its own history. Though in the future, change is inevitable, it is hoped that joint ventures such as this, will still form an important element in the social services of this country.

JEAN OWEN,

The Old Deanery, Wells.

CHILD HEALTH AND HEALTH VISITOR CENTRES

The extension of the computer scheme to the majority of practices in Somerset has left few clinics now immunising children although some around the periphery of the county where the children belong to out-County doctors still give this service.

There were 643 immunisations and 66 vaccinations done at child health clinics during the year.

The necessity for a doctor to attend clinics monthly is, therefore, removed and a re-distribution of medical time has been possible to include smaller centres previously without a doctor.

In Somerset, a high proportion of our clinics have always been staffed by family doctors. While this number has been reduced in more recent years because of other practice commitments which made it difficult for doctors to attend, there is in many practices, an interest in providing a child health as well as child sickness service for pre-school children on the doctor's list. A variety of arrangements have been made to ensure both a health visitor session for such patients and a medical session (sometimes held in different premises at different times). Medical assessment of development of children and advice to their parents about problems which might not otherwise have been discovered early is important. The extension of this scheme is necessarily restricted because it has to be done within the existing budget. The previous County service only drew about half the pre-school children to the clinic in any one year.

The periodic examinations offered to an increasing number of children is reflected in the rise of examinations of children in their first and second years. Early school entry reduces the number of children attending in their fourth year but this seems to be changing gradually and the picture may be different next year.

The watch over a child's development by doctor and health visitor ensures that departures from normal are noted as early as possible. Optimum progress is encouraged by the modification of adverse conditions or by special help or by advice and guidance for parents. The child health service should ensure that this service is available and used by as many of the pre-school children as possible not just the proportion who take the trouble to visit the clinic. The extension of an appointment system is ensuring a universal check on all children in their first year of life and periodically later either in clinics or their doctors' surgery.

	No. of clinics	No. of sessions	Child attenders			Total	Development examinations carried out	Estimated pre-school population	Live Births
			0—1 years	1—2 years	2—5 years				
1966	152	3,255	6,212	6,190	8,597	20,999	—	—	9,194
1967	140	3,189	6,558	5,838	8,252	20,648	—	—	9,041
1968	136	3,108	6,028	5,523	8,391	19,942	—	—	8,836
1969	141	2,637	6,000	5,478	8,372	19,850	5,700	45,000	8,918
1970	141	2,786	6,140	5,510	7,839	19,489	6,500	45,000	8,827

NURSING SERVICES

No change has been made in the County Council's overall policy of maintaining a combined service of midwifery, district nursing and health visiting in the rural areas, and the employment of full time midwives, home nurses and health visitors in the large urban areas.

The day to day administration of these services is carried out by the County Nursing Officer, together with the Deputy County Nursing Officer and five Area Nursing Officers.

The whole time establishment for the nursing services for 1970 was 324, an increase of 10 on the previous year, and the following table indicates the establishment at the end of December.

	FULL-TIME	PART-TIME
Midwives	8	1
Health Visitors	35	7
District Nursing Sisters	28	42
S.E.N. District Nurses	7	14
District Nurses/Midwives	48	16
District Nurses/Health Visitors	4	4
District Nurses/Midwives/Health Visitors	119	4
School Nurses	3	8
Clinic Nurses	—	2
Nursing Auxiliaries	—	11
Administrative staff	7	1
	<hr/>	<hr/>
Total	259	110
	<hr/>	<hr/>
Vacancies	7	6
	<hr/>	<hr/>
	266	116
Whole-time equivalent 324		

From this table it will be seen that there has been a considerable increase in the employment of part-time staff, with a comparatively small increase in full-time staff.

The improvement in recruitment which was evident in 1969 continued in a modest way during 1970 and this, together with a reduction in the number of staff leaving for retirement and other reasons, enabled us for the first time to approach our full establishment at the end of the year, with only 7 full-time, and 6 part-time vacancies—a total of 10 full-time equivalent. Despite the overall improvement in recruitment and staffing figures, there remained some difficulty in obtaining the quality of staff required in Somerset and to have them available in the places in which they were needed. There was a small increase in the number of State Enrolled Nurses employed during the year, but although there is an increasing scope for nurses of this calibre within the service, they are still in short supply for district work. The increase in the number of training schools now including a course of district nursing for State Enrolled Nurses may well show an improvement in recruitment within the foreseeable future. The value of nursing auxiliaries on the staff has now been well proved and the demand for this type of help is steadily increasing.

In my last report I mentioned the possibility of a Nursing Aid Service being set up by the British Red Cross Nursing Division. Unfortunately, it was not possible to implement this during 1970 but I am hopeful that we shall see this come into being within the next 12 months.

MIDWIFERY

For the purpose of the Midwives Act, the Medical Supervisor of Midwives is the Senior Medical Officer for Maternal and Child Health, whilst non-medical supervision is carried out by the County Nursing Officer, her Deputy and the five Area Nursing Officers, who are recognised as Non-Medical Supervisors of Midwives in their own right. Their statutory duties under the Central Midwives Board Rules include the supervision of General Practitioner Units within the area of the authority.

During the year 229 domiciliary staff and 194 hospital midwives notified their intention to practise. The number of private midwives practising in Private Nursing Homes numbered 6. The number of notifications of exposure to infection received was 85, and these were investigated by the Supervisor of Midwives. Medical aid was summoned by midwives in 543 cases.

At the end of the year 8 full-time and 183 part-time midwives were employed in domiciliary practice and during 1970, they attended 783 deliveries, a decrease of 220 from the previous year. The downward trend of domiciliary deliveries continues.

YEAR	HOME DELIVERIES
1964	2,195
1966	1,867
1968	1,253
1969	1,003
1970	783

The 24 Hour General Practitioner Unit at Musgrove Park Hospital gained in popularity during the year and 93 patients were delivered by domiciliary midwives.

A similar Unit, opened at the Mary Stanley Home, Bridgwater, in November of last year, showed a similar popularity. The number of cases delivered during the year was 69.

Early in the year we were approached by Yeovil Maternity Unit and the General Practitioners in Yeovil, to ask if a similar arrangement could be made in the Yeovil area, but as there was no suitable accommodation within the Maternity Unit, we were offered the use of the Labour Ward Suite for the use of domiciliary midwives to deliver cases who could be returned home within a few hours of delivery. Because this was a completely new arrangement a pilot scheme was set up for a few cases to be delivered in this way. There are already signs of increasing popularity of the scheme and I anticipate that within the near future a larger number of cases will be taken into the Unit for early discharge home.

In June of this year, there was considerable concern in the Clevedon, Portishead and Nailsea area of the County that owing to difficulties in obtaining staff, the Knoll Maternity Unit at Clevedon might have to close or at least reduce its activity. A meeting was called to discover what arrangements could be made for the domiciliary midwifery staff to participate in the service in such a way as to avoid the possibility of closure of the Unit and the resulting hardship such a move would cause for the expectant mothers in the area. An arrangement was made by which the domiciliary midwives working in attachment schemes with doctors in the Nailsea, Portishead and Clevedon areas would take a number of deliveries within the Unit for mothers whose conditions were suitable for them to return home after 48 hours or less. These midwives would continue to attend the women after their return home. At the same time other members of the staff who were midwives attached to doctors in the periphery of the area served by the Knoll Maternity Unit, agreed to undertake the staffing of the Unit for a period of 24 hours in each week. Both these systems were set up as pilot schemes in October and further discussions will be held to see to what extent they can be extended.

In Taunton and Bridgwater difficulties have been experienced in maintaining midwifery cover to include holidays and off duty. In June of this year, an approach was made to the West Somerset Hospital Management Committee to see if joint appointments could be made, both in Taunton and in Bridgwater, of full-time midwives who would work partly in the hospital service and partly in the domiciliary service. This would allow holiday periods to be covered safely. It was agreed that such appointments should be made and a midwife was appointed in the Taunton area in December.

HOME NURSING

Although there continues to be a considerable amount of work for the domiciliary nursing staff in the care of the chronic sick and the elderly in their homes, the past year has shown a very large increase in the work of district nursing sisters in doctors' surgeries and health centres.

There is also evidence that the general hospitals are making more use of the trained staff and are sending patients home much earlier to the care of the general practitioner and district nursing sister.

Although State Enrolled Nurses and Nursing Auxiliaries may undertake part of the home care of patients, a trained nursing sister remains responsible for these cases.

Mechanical hoists continue to be available for staff nursing heavy cases, and again the year saw an increase in the demand for alternating mattresses. These are often requested by consultants when patients are discharged home. The number of incontinent pads used during 1970 has shown a considerable increase and there has been a considerable demand for incontinence pants and linings.

During the year the Marie Curie Day and Night Nursing Service continued to give assistance to families with a sick relative. 32 cases were attended by 28 nurses.

HEALTH VISITING

During the year, there was a small increase in the number of full-time health visitors employed by this authority. This was due to the very marked increase in the work of health visitors resulting from their attachment to general practitioners. The work which they are undertaking has become much more varied and interesting as well as being of greater value to the community. Additional help has been given to Health Visitors with their school work to give them more freedom to work within the practices. Whilst the health visitor is still responsible for school work within her area the appointment of more part-time school nurses to carry out all routine duties has proved very beneficial. There is a slow but steady increase in the work undertaken by the health visitors with the elderly and in one area a geriatric clinic has been set up within a practice. In a number of practices health visitors hold sessions in surgeries to which the doctor may refer special problems, in a similar way as he may refer general nursing cases to a nursing sister undertaking a surgery session.

Health Visitors appointed as field work instructors in the Keynsham area have continued to take students from the Bristol Training Centre for their field work practice.

TRAINING

District nurse training—

During 1970, 10 nurses took the In-Service Course, and 8 qualified from schools outside the County.

Health Visitor Training—

12 students completed their training in September, having spent the last three months undertaking practical work within the County.

The response to advertisements for applicants for sponsorship for health visitor training continues to be good, but there remains room for improvement in the academic standard of many applicants. 15 students were accepted for sponsorship during 1970.

Midwifery—

38 pupil midwives were accepted for Part II training from Musgrove Park Hospital, Mary Stanley Home, Yeovil Maternity Hospital and St. Martin's Hospital, Bath. The decrease in domiciliary midwifery has presented some difficulty in finding places for these students, and as a result all student midwives are now required to undertake a fortnight of visits and instruction in other aspects of community care during their three months Part II training on the district.

Refresher Courses—

37 midwives attended the required five yearly courses as usual. In addition 11 health visitors and 14 district nurses were sent on courses. One Area Nursing Officer attended a Middle Management Course at William Rathbone College, Liverpool. 40 staff attended Winchester Hospital for a Study Day on Rehabilitation.

In order to enable all children between seven and nine months to be assessed for hearing by health visitors a series of two day courses were held for all health visitors not already instructed in this technique.

The annual three day Study Course held in May was again very successful—a number of hospital personnel attended.

Pupil Nurse Integrated Course for District Nursing Instruction

Approval was given by the Department of Health and Social Security to our proposals for an integrated course with Yeovil and Bridgwater Hospitals. Both of these have been started.

It seems probable that further requests will be forthcoming from training schools within the County for pupil nurses taking their State Enrolment Course, and that we shall be asked to participate when the new syllabus of the General Nursing Council is implemented. This includes an option for a 12 week course of instruction in district nursing for students taking their State Registration Courses.

These are bound to make additional heavy demands on personnel working on the district but it is important that we work together with the hospitals to give this wider knowledge and training, not only for those who may later work on the district, but for the better understanding of staff who will deal with patients in the hospital setting.

87 students paid observation visits during the year.

Area Nursing Officers continued to give lectures to hospital staff. The County Nursing Officer and Deputy County Nursing Officer were again invited to talk to the First Line Management Course held at Taunton Technical College.

HOUSING

During 1970, a house was purchased at Wells and the former Police house at Spaxton was appropriated for the use of the District Nursing Staff. At the end of the year, the County Council owned 80 and rented 9 houses from private landlords and 17 from local housing authorities.

Housing accommodation is an increasing problem as staff circumstances change. The reduction of building projects by local housing authorities often makes it increasingly difficult to obtain even temporary housing from these authorities.

TRANSPORT

At the end of the year, the fleet of cars for the nursing and health visiting staff provided by the County Council numbered 108 and 257 nurses and health visitors received travelling allowances for the use of their own cars. Motor transport is now almost universally used; only one or two nurses still rely on bicycles.

MEDICAL COMFORTS

The British Red Cross Society and the St. John Ambulance Association and Brigade continue to supply medical equipment of various kinds through the network of 20 main depots and 27 sub-depots established in the County.

CROSS BORDER VISITING

Arrangements were made early in the year, by which cases on Somerset doctors' lists, living in Wiltshire and Gloucestershire, are attended by the nursing and health visiting staff attached to the Somerset practices. A reciprocal arrangement was made for Wiltshire nursing staff and Gloucestershire nursing staff to visit patients resident in Somerset who were on the lists of doctors practising in those authorities. This has proved to be a very satisfactory arrangement and it is hoped that in the near future similar arrangements will be made with other neighbouring authorities.

ATTACHMENT

A further five attachment schemes were started during the year. At the end of 1970 only 10 practices of doctors resident within the County have no staff attached, and of these, plans are well advanced for four to be attached early in the New Year, and three others have close liaison schemes. As the schemes already implemented have settled down, the work carried out by the general practitioners and public health nursing staff has increased very considerably. This is particularly noticeable where staff work from a Health Centre or from a practice surgery where accommodation has been made available for public health nursing staff. In these cases the morale of the nursing and health visiting staff is noticeable higher. As well as surgery sessions for dressings, treatment and advice, our staff have been involved with the general practitioners in various types of clinic sessions, e.g. Ante natal clinics/Post natal clinics, Well Baby Clinics. Developmental Paediatrics, Immunisation Sessions, Cytology Sessions, Family Planning Sessions, Geriatric Clinic Sessions.

HOSPITAL LIAISON

The evidence of a better understanding on the part of hospital staff of the potentials of domiciliary nursing services continued throughout this year.

An increasing number of patients were sent home earlier than hitherto to the care of the general practitioners and district nurses.

In two hospitals domiciliary nursing sisters have been invited, together with the Area Nursing Officers, to attend Sisters Meetings held at the hospital each month. This has improved the relationship between the domiciliary staff and hospital staff considerably, and must have a very great influence in favour of total patient care.

In this same area, discussions have been held with a view to arranging for quick Through-Put Surgery to enable the waiting list of the group to be considerably reduced. The patients admitted to hospital under such a scheme would return very early after operation to the care of their general practitioner and district nursing sister. Although these talks are not yet finished, there has already been a very considerable improvement in relationships between hospital and district staff. Hospital sisters have spent two days in observation visits on the district and domiciliary staff are spending two days in hospital to observe changes in that field. This too has now been taken up by the parent hospital of the group and similar visits from both sides will we hope be put in hand in the New Year. In the midwifery field there has been an increased participation in the work in general practitioner short stay units in the maternity hospitals and by midwifery staff in one area taking cases into hospital for delivery.

Health visitors have continued to liaise with children's wards and chest clinics throughout the County and with geriatric units. Further advance was made in liaison with the new radio therapy unit in Bristol which is proving very beneficial.

The increased participation in integrated courses of training is having a very beneficial effect in improving liaison between hospital and public health personnel. With the increase of this training and with the implementation of further schemes of co-operation the two services will tend to work much more closely together in the total care of the patient.

HEALTH EDUCATION

Health visiting staff continued to carry out Health Education throughout the County by means of talks to school children, Mothers' Clubs and other groups.

Some progress has been made with the display of posters and leaflets in Doctors' surgery waiting rooms, and peg boards provided for health education display material in health centres are well used.

Health visitors again provided health education displays for the annual Study Course and for horticultural shows. An increasing number of posters and leaflets are being made available for the use of staff, particular emphasis this year has been on smoking and venereal disease. In addition, projectors, films and filmstrips have continued to be made available to staff.

In November the Health Education Council Mobile Unit spent two weeks in the County. The Unit was at schools, at a factory and on public car parks in Weston-super-Mare and Taunton. Our health visitors were instructed in the intricacies of closed circuit television, and then 'manned' the van throughout the period of exhibition. The subject was Weight Control, and the response from the public was good.

HOME HELP SERVICE

Every year without fail since July, 1948, the size of the Home Help Service has gradually increased. 1970 was no exception. At the end of that year help had been sent to no less than 4,998 homes, 346 more than in 1969. 3,303 remained currently on the books at 31st December, an increase of 160 over 1969.

As the Home Help Service acts mainly in a supportive capacity, the type of person needing or applying for help changes, often as a result of changes in policy, temporary shortage of staff or shortcomings of other health and welfare services in the County. Examples of this are shown in the figures for the Weston-super-Mare area where help was able to cease in 220 homes of the aged sick against 156 in 1969 due in part to the new geriatric policy in the area which has enabled many more seriously sick elderly people to gain admission to hospital. The new Maternity Unit at Yeovil has also had its effect on the number of maternity bookings there. The need for freeing beds in General and Mental Hospitals gradually increases the number of home helps needed for the care of post operative and mentally sick patients at home, a number far greater than the statistics show as many are disguised under the heading 'aged 65 and over'. It is difficult now to realise that in its early days when help was sent to no more than 1,000 homes each week that over 1,000 home confinements were attended annually, and that patients suffering from infectious tuberculosis were one of the main commitments of this Service.

However great the efforts made by other services for the care of sick or infirm elderly people in a County which is increasingly the haven of the retired, these efforts are never enough to reduce the number of elderly people helped through the Home Help Service, as is seen by the fact that of the 4,998 homes visited by home helps in 1970 in 3,906 help was needed for sick or infirm persons aged over 65.

As the pattern of those needing help changes so also does the type of home help employed. With few calls for full-time help for home confinements, also with the heavily increased cost of travelling time, fares, and National Health Insurance for women travelling from home to home or employed for a certain number of hours per week, less full-time home helps are employed and more are employed to care for one nearby patient only. Two years ago three resident Home Helps could not hope to deal with all the demands for their services. Now two resident helps are generally sufficient.

At 31st December, 1970, there were 800 home helps on the register, an increase of 36 over 1969, but with fewer full-time employees and more employed for a few hours a week, the full-time equivalent shows an increase of four full-time workers only.

For the first time the number of yearly applicants for help (2,009) exceeded 2,000, showing an increase of 95 over 1969. Of these 235 were abortive visits but in the majority of these the Organiser's time was not wasted as she was either able to arrange help on a private basis for the better off financially, or could satisfy herself and the doctor making the application that adequate family or neighbourly help was available.

24,297 visits were paid by the organising staff during the year, an increase of 3,970 over the 20,327 paid in 1969. It is interesting to note that while the number of visits paid increases the total mileage travelled has not increased since the zoning of the work in the areas in 1967. Only by increased efficiency and experience can the organising and clerical staff hope to deal with their increased case-load.

We continue to be indebted to our faithful band of voluntary helpers who do so much to ensure the smooth running of this service and many additional visits were paid by them.

In 1948 the Somerset Home Help Service was launched under the auspices of the Health Department of the County Council through the then Women's Voluntary Service. It was a permissive service authorised under the National Health Services Act, 1946, and one which, it may be fair to say, at the time the majority of the population regarded as unnecessary and unacceptable in a mainly rural county. Within a few months these doubts were dispelled when the extent of the need for help in the homes of the sick, the aged, and deprived children became manifest.

After over twenty-two years as an ancillary to the district nursing service, having grown from one home help caring for one patient to 800 home helps visiting over 3,300 homes each week, with seven area organisers, five assistants, and supportive clerical staff, we hand the service over to the new Social Service Department on 1st April, 1971.

Over the years this service has proved that it can bear comparison with any in the country not only in efficiency, adaptability and scope but also in human understanding. This being so I have no doubt it will prove as useful in its new setting as it has been in the old. I wish it well.

HOME HELP SERVICE 1970
Patients Helped

Area	Old age (over 65)	Chronic Illness	Mental Illness	T.B.	Post Operative	General Illness	Maternity	Post & Prenatal	Acci- dents	Child Care	Total	Total for Year
WESTON-SUPER-MARE												
Ceased	220(156)	31(4)	7(4)	—(—)	24(18)	20(11)	8(6)	4(10)	10(5)	2(1)	326(215)	839(709)
Continued	443(427)	52(46)	4(7)	—(—)	4(5)	5(1)	—(—)	1(1)	2(3)	2(4)	513(494)	
CLEVEDON												
Ceased	89(68)	9(6)	—(5)	1(—)	24(29)	14(19)	33(36)	5(5)	6(6)	4(1)	185(175)	459(439)
Continued	242(234)	17(12)	6(2)	—(—)	8(7)	—(3)	—(1)	—(1)	1(3)	—(1)	274(264)	
MIDSOMER NORTON												
Ceased	142(139)	6(7)	3(5)	—(1)	18(17)	21(20)	28(7)	6(10)	5(11)	5(1)	234(218)	802(737)
Continued	507(461)	24(40)	7(2)	—(—)	7(9)	17(4)	1(—)	—(—)	3(—)	2(3)	568(519)	
GLASTONBURY												
Ceased	93(67)	22(14)	3(3)	1(1)	13(18)	14(11)	27(26)	2(7)	5(1)	3(—)	183(148)	452(403)
Continued	218(201)	26(40)	7(1)	—(—)	5(2)	6(5)	—(—)	—(1)	3(1)	4(4)	269(255)	
BRIDGWATER												
Ceased	144(135)	20(20)	7(3)	—(1)	16(10)	5(13)	22(19)	4(12)	9(6)	7(7)	234(226)	836(816)
Continued	521(509)	47(53)	9(8)	2(2)	6(5)	10(5)	—(—)	—(2)	1(1)	6(5)	602(590)	
YEOVIL												
Ceased	126(133)	24(21)	6(2)	—(—)	7(11)	3(1)	11(38)	8(6)	2(6)	—(—)	187(218)	659(686)
Continued	431(419)	30(30)	3(8)	—(—)	3(4)	1(2)	—(3)	—(—)	1(—)	3(2)	472(468)	
TAUNTON												
Ceased	197(185)	30(37)	2(4)	—(—)	28(15)	22(14)	40(32)	14(11)	7(5)	6(6)	346(309)	951(862)
Continued	533(482)	52(54)	7(3)	—(—)	7(3)	1(2)	—(—)	—(1)	1(3)	4(5)	605(553)	
Total Ceased	1011(883)	142(109)	28(26)	2(3)	130(118)	99(89)	169(164)	43(61)	44(40)	27(16)	1695(1509)	
Cont'd	2895(2733)	248(275)	43(31)	2(2)	40(35)	40(22)	1(4)	1(6)	12(11)	21(24)	3303(3143)	4998(4652)

Home Helps on the Register, 31st December, 1970

	Full-time	Resident	Part-time	Casual	Night Attendants and Sitters-In	Total 1970 1969	Full-time Equivalent
Weston-super-Mare	11 (12)	1 (—)	90 (88)	3 (3)	5 (7)	110 (110)	60 (61)
Clevedon	4 (4)	— (—)	51 (46)	6 (3)	— (—)	61 (53)	33 (28)
Midsomer Norton	5 (9)	1 (1)	114 (106)	30 (21)	— (—)	150 (137)	73 (70)
Glastonbury	5 (10)	— (—)	45 (45)	13 (11)	1 (2)	64 (68)	32 (37)
Bridgwater	7 (8)	— (—)	119 (113)	19 (18)	2 (2)	147 (141)	74 (71)
Yeovil	6 (13)	— (—)	95 (92)	28 (16)	2 (1)	131 (122)	64 (65)
Taunton	22 (24)	— (1)	98 (90)	16 (16)	1 (2)	137 (133)	77 (77)
	60 (80)	2 (2)	612 (580)	115 (88)	11 (14)	800 (764)	413 (409)

New Applicants Visited

	New Cases	Abortive Visits
Weston-super-Mare	282 (278)	30 (34)
Clevedon	211 (184)	40 (47)
Midsomer Norton	293 (241)	39 (56)
Glastonbury	206 (170)	23 (25)
Bridgwater	372 (388)	53 (65)
Yeovil	268 (258)	30 (42)
Taunton	377 (395)	20 (19)
	2009 (1914)	235 (288)

Long Term Commitments

	Over 12 months	Over 6 months
* Weston-super-Mare	350 (353)	47 (63)
Clevedon	189 (187)	26 (26)
Midsomer Norton	410 (400)	63 (47)
Glastonbury	184 (178)	31 (31)
Bridgwater	440 (431)	62 (73)
Yeovil	384 (348)	47 (60)
Taunton	455 (408)	78 (50)
	2412(2305)	354 (350)

* Improvement in method of hospital admissions.

Actual Number of People Helped aged over 65

		1970	1969
Weston-super-Mare	Ceased	279)	(209)
	Cont.	580)	(553)
Clevedon	Ceased	133)	(97)
	Cont.	328)	(305)
Midsomer Norton	Ceased	162)	(161)
	Cont.	647)	(567)
Glastonbury	Ceased	150)	(100)
	Cont.	279)	(268)
Bridgwater	Ceased	208)	(172)
	Cont.	685)	(675)
Yeovil	Ceased	190)	(173)
	Cont.	528)	(600)
Taunton	Ceased	239)	(258)
	Cont.	635)	(639)
Total		(5043)	(4777)

Maternity Bookings

	Resident	Full-time	Part-time	Few hours	Cancellations
Weston-super-Mare	— (—)	1 (—)	3 (—)	4 (6)	4 (6)
Clevedon	1 (—)	1 (2)	9 (16)	22 (18)	7 (14)
Midsomer Norton	— (—)	1 (—)	5 (4)	22 (3)	5 (5)
Glastonbury	1 (2)	2 (1)	19 (13)	5 (10)	1 (3)
Bridgwater	— (2)	8 (—)	6 (12)	8 (5)	8 (7)
Yeovil	3 (7)	2 (7)	6 (24)	— (3)	3 (9)
Taunton	3 (4)	7 (9)	14 (6)	16 (13)	8 (7)
	8 (15)	22 (19)	62 (75)	77 (58)	36 (51)

HOME DIALYSIS

Two patients were referred for home dialysis during 1970, both from Whipton Hospital, Exeter.

The first, a young single man at Woolavington, lived with his family in a council house, and as it was not possible to spare a room for adaptation for the dialysis equipment, a "Portakabin" unit was supplied, the total cost being £1,089.50.

The other patient was a married man living near Taunton, and again, as no room in his bungalow could be spared, a portable chalet, which was in store after use by another patient, was used.

This chalet was originally built with a concrete and asphalt floor but the opportunity was taken to supply it with a portable wooden floor as this will, of course, be considerably cheaper than laying and later breaking up a solid floor. It is found that site works, drainage, etc., for all extension buildings are at times surprisingly high, and in this case they amounted to £409.38, the total cost including electrical work, the portable floor and floor covering amounting to £525.37.

VACCINATION AND IMMUNISATION

The arrangements outlined in previous reports, whereby use is made of a computer to enable children to be called up automatically to doctors' surgeries to receive their vaccinations and immunisations as they become due, have continued to work satisfactorily through the year. Children registered with the last of the general practitioners previously outside the scheme are currently being brought into it.

DIPHTHERIA AND WHOOPING COUGH IMMUNISATION

During the year 7,865 children under sixteen years of age completed a primary course of diphtheria immunisation and a further 5,620 received reinforcing injections. 7,528 children were given protection against whooping cough.

TETANUS IMMUNISATION

Primary courses of tetanus immunisation were completed by 8,385 children under sixteen years of age and a further 6,951 children received a reinforcing injection.

SMALLPOX VACCINATION

7,786 primary vaccinations and 5,774 re-vaccinations of children under sixteen years of age were carried out during the year. The primary vaccinations included 7,461 children under five years of age.

YELLOW FEVER VACCINATION

333 persons were vaccinated against yellow fever at the Yellow Fever Vaccination Centre, Taunton.

POLIOMYELITIS VACCINATION

Primary courses of poliomyelitis vaccination were completed by 8,318 children under sixteen years of age and 6,046 school children received a reinforcing dose.

ANTHRAX VACCINATION

In addition to vaccinations carried out by Appointed Factory Doctors, Assistant County Medical Officers gave 21 persons a course of three injections, 68 persons the completing injection of a primary course, 20 persons the first two injections of a primary course and 68 persons their annual reinforcing injection.

All the anthrax vaccinations were given in accordance with a Department of Health schedule which consists of a primary course of three doses, separated by intervals of six weeks and six months and followed by an annual reinforcing dose. In October, 1970, a directive was received from the Department of Health recommending that the primary course should be increased to four doses, with intervals between doses as follows—

- 3 weeks between 1st and 2nd doses
- 3 weeks between 2nd and 3rd doses
- 6 months between 3rd and 4th doses

This schedule has been adopted by the County.

MEASLES VACCINATION

The number of measles vaccinations given during the year was 10,455. This was an artificially large increase over the number of vaccinations given in 1969 (approximately 3,500) due to a shortage of vaccine in summer of that year.

RUBELLA VACCINATION

In July a letter was received from the Department of Health recommending that from September 1970 onward, vaccination against Rubella (German Measles) should be given to all girls aged 11–13 inclusive. During the first stage of its introduction priority was to be given to older girls, i.e. those aged thirteen.

Supplies of vaccine were acquired, all general practitioners were notified and a publicity campaign was mounted but the initial response from the public was disappointing. By the end of the year only 51 vaccinations had been given.

As from 1st January, 1971, the computer scheme will be extended to invite girls to the general practitioners' vaccination sessions for the treatment.

Immunisation

Number of children who completed a full course of primary immunisation against diphtheria, whooping cough, tetanus or poliomyelitis in the year ended 31st December, 1970

Type of Immunisation	Year of birth					Others under age 16	Total
	1970	1969	1968	1967	1963-66		
Diphtheria	52	5109	1829	375	459	41	7865
Whooping Cough	52	5074	1809	365	228	0	7528
Tetanus	52	5109	1832	378	468	546	8385
Poliomyelitis	50	5096	1894	452	637	189	8318

Number of children who received a reinforcing dose against diphtheria, whooping cough, tetanus or poliomyelitis in the year ended 31st December, 1970

Type of Immunisation	Year of birth					Others under age 16	Total
	1970	1969	1968	1967	1963-66		
Diphtheria	—	8	107	50	5130	325	5620
Whooping Cough	—	8	91	34	108	16	257
Tetanus	—	8	115	73	5300	1455	6951
Poliomyelitis	—	10	80	37	5155	764	6046

Smallpox Vaccination

Number of children vaccinated or re-vaccinated in the year ended 31st December, 1970

Age at date of Vaccination	Number Vaccinated	Number Re-vaccinated
0 — 3 months	3	—
3 — 6 months	4	—
6 — 9 months	14	—
9 — 12 months	25	—
1 year	4419	2
2 — 4 years	2996	3294
5 — 15 years	325	2478
Total	7786	5774

CHIROPODY

The Chiropody Service, introduced in 1960, is available to all elderly persons of pensionable age, physically handicapped persons, and expectant mothers, and is implemented by arranging with private State Registered Chiropodists to treat patients sponsored by the County Council either in their own surgeries, or by home visits in the case of those unable to travel to see the chiropodist.

In addition, 52 clubs for the elderly still continue to hold chiropody sessions for their members. These are organised within the clubs, but financial help is given by the County Council in the form of grants ranging from £10—£400 per year.

Treatment on a sessional basis is also being continued in 25 Homes for the Elderly at the request of the County Welfare Committee.

Year	No. of Chiropodists accepting patients	New Cases	No. of treatments given		Total
			Surgery	Domiciliary	
1962	26	790	10,730	2,168	12,898
1963	28	1,516	12,089	4,067	16,156
1964	42	2,574	24,903	6,737	31,640
1965	45	1,902	31,718	11,725	43,443
1966	48	2,284	36,054	14,212	50,266
1967	51	2,446	39,927	17,177	57,104
1968	52	1,878	38,380	17,687	56,067
1969	54	1,932	35,489	16,900	52,389
1970	54	2,298	38,494	19,168	57,662

AMBULANCE SERVICE

GENERAL

In common with many Ambulance Authorities throughout the country Somerset was faced with Industrial Action in the Ambulance Service from 2nd October to 6th November, 1970. During this period restrictions were imposed on the categories of patients conveyed and representatives of the men made the decisions as to whether or not a patient would be conveyed. The exact form of the strike varied from Station to Station and from time to time. Some depots and vehicles were not cleaned, and in some Stations no records of journeys or patients were kept. For this reason a comparison between the year 1970 and the previous year is not possible. Had the strike not taken place undoubtedly the total number of patients conveyed would have been higher than in previous years, as also would have been the mileage run. The following table which gives details relating to the years 1969 and 1970 has been prepared on the basis of the information available:

1969	Patients	Mileage	Average Distance travelled per patient (miles)
Ambulances	78,335	698,226	8.91
Sitting Case Ambulances	137,224	935,391	6.82
Cars	9,767	102,993	10.54
Totals—Service Vehicles	225,326	1,736,610	7.71
Hospital Car Service	5,518	55,235	10.00
Private Hire (Ambulances and Cars)	402	9,626	23.95
All Vehicles	231,246	1,801,471	7.80
1970			
Ambulances	80,222	724,000	9.02
Sitting Case Ambulances	129,820	898,600	6.92
Cars	8,226	79,938	9.72
Totals—Service Vehicles	218,268	1,702,538	7.80
Hospital Car Service	7,465	85,255	11.42
Private Hire (Ambulances and Cars)	436	9,491	21.77
All Vehicles	226,169	1,797,284	7.95

Arrangements with the St. John Ambulance Association and Brigade and the British Red Cross Society whereby members assist at certain Ambulance Stations have continued. Some difficulties, however, arose at Ilminster and the British Red Cross Society felt it necessary to withdraw from the arrangements whereby volunteers of the Ilminster Detachment manned an ambulance at night and at the weekend.

The needs of Day Hospitals still place heavy demands on the Service. The Geriatric Service throughout the County is developing slowly and will undoubtedly increase the work of the Service.

CONTROL

The system of control has remained unchanged. To comply with the terms of the Licensing Authority all radio communication equipment in use after 1973 must conform to a revised specification. Initial action had already been taken to meet this need over a three/four year period, when it was learned that consideration was to be given to the possibility of rationalising the frequencies allocated to ambulance services throughout the Country and as this would probably entail a change of frequency it was decided to postpone further action.

The establishment of vehicles in the four control areas at 31st December was as follows:—

Control Area	Ambulances	Dual Purpose Sitting Case Ambulances	Cars	Total
Group I Taunton (South West Somerset)	14	13	—	27
Group II Weston-super-Mare (North West Somerset)	15	11	1	27
Group III Shepton Mallet (North East Somerset)	9	13	1	23
Group IV Yeovil (South East Somerset)	4	6	1	11
Totals	42	43	3	88

All these vehicles and the three reserve vehicles are fitted with two-way radio communication equipment.

STAFF

At 31st December, 1970, the authorised establishment of Ambulance Station personnel was 170. Details of the distribution are given in the following table:—

Ambulance Station	Station & Sub-Officers	Senior Drivers	Leading Ambulance- men	Ambulance- men	Trainees	Totals
Bridgwater	—	1	1	6	—	8
Castle Cary	—	1	—	3	—	4
Churchill	—	1	1	5	—	7
Clevedon	—	1	1	13	—	15
Frome	—	1	—	3	—	4
Glastonbury	1	—	1	7	—	9
Highbridge	—	—	1	2	—	3
Ilminster	—	1	—	5	—	6
Keynsham	—	1	1	5	—	7
Minehead	—	1	1	6	—	8
Norton Radstock	—	1	1	7	—	9
Shepton Mallet	5	—	—	8	—	13
Taunton	6	—	4	22	1	33
Weston-super-Mare	6	—	4	18	1	29
Yeovil	3	—	2	10	—	15
Totals	21	9	18	120	2	170

During the year a total of 23 members of the Staff attended Training Courses:—

Two week qualifying courses for men with two to five years service	..	..	..	..	18
Officers Courses	..	..	..	..	4
Instructors Courses	..	..	..	..	1
Total	..				23

VEHICLES

The total authorised establishment at 31st December, 1970, was 91 vehicles as follows:—

Ambulance Station	Ambulances	Dual-purpose sitting-case Ambulances	Cars	Total
Bridgwater	2	2	—	4
Castle Cary	1	2	—	3
Churchill	2	2	—	4
Clevedon	5	3	—	8
Frome	1	1	—	2
Glastonbury	2	3	1	6
Highbridge	2	1	—	3
Ilminster	2	1	—	3
Keynsham	2	2	—	4
Minehead	3	1	—	4
Norton Radstock	2	3	—	5
Shepton Mallet	2	4	—	6
Taunton	7	8	—	15
Weston-super-Mare	6	6	1	13
Yeovil	3	4	1	8
Reserve vehicles	2	1	—	3
Totals	44	44	3	91

During the year 9 new vehicles were delivered to Stations as follows:—

4 Ambulances for use at the Glastonbury, Taunton (2) and Weston-super-Mare Stations

5 Dual-purpose sitting-case ambulances for use at the Castle Cary, Norton Radstock, Shepton Mallet, Taunton and Yeovil Stations, that at Taunton being a Triumph Estate conversion.

HOSPITAL CAR SERVICE

The use of the Hospital Car Service was expanded to help in meeting the increasing demands made on the Service. Details are given in the table in an earlier paragraph.

AIR AND RAIL TRAVEL

Despite the continuing curtailment of rail services the greatest possible use is made of the facilities available. The following table gives details for the year 1970 and for comparison those for 1969 are shewn.

	Stretcher		Sitting		Totals	
	Patients	Mileages	Patients	Mileages	Patients	Mileages
1969	132	17,035	554	40,355	686	57,390
1970	292	27,021	240	24,656	532	51,677

I am indebted to the volunteers who so willingly act as escorts to patients travelling by rail.

Total equivalent Road Mileages:—

1969 — approximately 115,000

1970 — approximately 103,000

During 1970 two requests were received to move patients by helicopter.

PREMISES

No new premises were built during 1970. Plans were, however, approved for the provision of additional garage accommodation at the Taunton and Churchill Stations, and for the adaptation of the old Fire Station at Frome for future use as an Ambulance Station. Plans are being prepared for a new Station at Nailsea.

CO-OPERATION WITH OTHER SERVICES

I have previously reported on the excellent co-operation between the emergency services throughout the County. This has continued during 1970, and I am grateful for all the help given. The assistance of members of the St. John Ambulance Association and Brigade and the British Red Cross Society is very much appreciated. I would like to record my appreciation of the help given by County Officers of both Organisations and also by the County Organiser of the Hospital Car Service.

MENTAL HEALTH

The development of the County Services for the mentally disordered continued in 1970 despite the inevitable uncertainties caused by the impending transfer of the Junior Training Centres to the Education Committee, and of the Adult Training Centres, Hostels and Mental Welfare Services to the new Social Services Committee.

The Nursery Assessment Extension at Yeovil which was so generously donated by the National Spastics Society and the Yeovil Society for Mentally Handicapped Children was opened by the Bishop of Bath and Wells on the 16th December. The first group of children are already gaining much benefit from the new Unit.

The adaptation of St. Margaret's for use as a 15 place Hostel for mentally handicapped adults was completed in the Autumn. The Warden and Matron have been appointed and arrangements made for the admission of the first residents in January, 1971. The lease of these premises by the Trustees to the County Council provides yet another example of the valuable contribution of voluntary organisations in Somerset.

The new 100 place Adult Training Centre for Weston-super-Mare was designed at a special "Collaboration in Design" exercise sponsored by the Department of Health and Social Security and the Ministry of Works at Littlehampton in January. As a result, the preliminary stages have progressed smoothly and rapidly. Construction is expected to commence early in 1971. The building will replace the present inadequate premises and will provide much expanded space for training in the 'work' and social situations as well as very good facilities for further education. It is clear that the mentally handicapped can derive much benefit from continued education long after they leave school at 16 years of age.

A considerable amount of preliminary work was accomplished in the design stage of the proposed Hostel for 25 adult mentally handicapped persons to be provided at Radstock. This project can now proceed in the coming year. Construction should start in the Autumn of 1971.

CARE AND AFTERCARE

Table 1 below gives the number of visits made in connection with the care of the mentally disordered in the community in 1970.

Table 1

Guardianship	Aftercare		Other Visits	Total
	Subnormal	Mentally III		
243	5,152	7,692	5,518	18,605

The following table shows the number of visits made during the preceding five-year period.

Table 2

Year	Guardianship	Aftercare		Other visits Social Histories	Total
		Subnormal	Mentally III		
1965	425	4,076	10,886	7,560	22,947
1966	531	4,618	9,354	6,813	21,316
1967	479	4,540	7,584	5,997	18,600
1968	439	4,648	6,200	5,331	16,618
1969	329	4,742	6,962	5,156	17,189

The number of patients referred to the Local Health Authority during the year ended 31st December, 1970, is given in Table 3.

Table 3

Referred by	Mentally Ill		Psychopathic		Subnormal		Severely Subnormal		Total	
	Under 16	16 and over	Under 16	16 and over	Under 16	16 and over	Under 16	16 and over	Under 16	16 and over
a) General Practitioners	1	319	—	1	1	10	—	—	2	330
b) Hospitals on discharge from in-patient treatment	1	383	—	2	—	16	—	—	1	401
c) Hospitals after or during out-patient or day treatment	1	169	—	—	—	4	3	1	4	174
d) Local Education Authority	—	—	—	—	—	—	24	—	—	24
e) Police Courts	—	86	—	—	9	9	—	1	9	96
f) Other sources	7	368	—	1	61	50	19	10	87	429
g) Total	10	1325	—	4	71	89	46	12	103	1454

During the year Mental Welfare Officers were concerned in 766 hospital admissions, mainly on an informal basis. Table 4 gives the details:—

Table 4

Hospital	Informal	Section 25	Section 26	Section 29	Section 60	Total
Tone Vale	195	120	32	22	3	372
Mendip	150	95	16	18	1	280
Glenside and Barrow	7	45	7	4	—	63
Sandhill Park	24	1	4	1	1	31
Others	9	6	2	2	1	20
Total	385	267	61	47	6	766

In addition 60 patients were admitted to hospitals for the mentally handicapped. On 31st December, 1970, there were 22 severely mentally handicapped patients awaiting admission to hospital for care and treatment.

HOSTELS AND RESIDENTIAL ACCOMMODATION

Cliffe View Hostel, Cheddar, accommodates up to 14 young women and Croftlands Hostel, Bridgwater up to 10 young men, all of whom are either in employment or attending Adult Training Centres. These two hostels for mentally handicapped adults will soon be augmented by St. Margaret's, Weston-super-Mare, and by the new Hostel at Radstock.

Burton's Orchard Hostel, at Taunton, provides for up to 14 mentally ill patients who have recovered sufficiently to return to the community in sheltered conditions.

Yeovil Hostel for Mentally Handicapped Children. This provides 22 places for children attending the adjacent school in term time. In 1970, 121 mentally handicapped children and adults were given holidays there during the School vacations. Additional temporary residential care was arranged for 140 mentally handicapped persons, 61 of whom were accommodated in hospitals and 79 in other Local Authority Hostels.

DAY CENTRES AND SOCIAL CLUBS

The Mental Welfare Officers continue to collaborate very closely with the psychiatric and nursing staff at Mendip and Tone Vale Hospitals, and at the social health centres at Ivor House, Taunton, and Penn House, Yeovil. They also give considerable assistance and support to nineteen voluntary social clubs for the mentally handicapped, often out of regular working hours.

Training Centres

Table 5

Centre	Pupils	Trainees	Boarders	Total
	Female	Male		
Bridgwater Junior	18	27		45
Glastonbury Junior	14	15		29
Radstock Junior	18	31		49
Taunton Junior	18	31		49
Weston-super-Mare	21	42		63
Yeovil Junior	16	26		42
Yeovil Hostel	6	9		15
Bath (Bath Local Health Authority)	1	1		2
	112	182		294

Table 6

Centre	Pupils	Trainees	Boarders	Total
	Female	Male		
Bridgwater Adult	14	30		44
Glastonbury Adult	8	16		24
Radstock Adult	22	31		53
Taunton Adult	22	27		49
Weston-super-Mare Adult	23	16		39
Yeovil Adult	19	23		42
Yatton Hall (Farleigh Ward)	10	14		24
Bath (Bath Local Health Authority)	—	2		2
	118	159		277

SPECIAL CARE

On 31st December, 1970, fourteen children and four adults were attending Yatton Hospital and four children Sandhill Park.

VOLUNTARY ORGANISATIONS

The County Council is a subscribing member of the National Association for Mental Health and of the Somerset Association for Mental Welfare. The regular meetings between members of the Mental Health Sub-Committee and representatives of the local branches of the National Society for Mentally Handicapped Children have continued with much benefit.

TRANSFER OF SERVICES

The impending transfer of these services has entailed much additional preliminary work in 1970. The Health Committee can rest secure in the knowledge that they are handing over an above average service which has expanded from a budget of £111,635 in 1961/62 to £381,601 in 1971/72.

I am grateful to the Somerset River Authority and the three Water Undertakers for submitting such useful and interesting data, which is set out below.

WATER SUPPLY

The following is an extract from the Somerset River Authority's Report on the weather for 1970:—

"The year's rainfall was 35.77 inches or 7 per cent above average. January and November were each the third wettest recorded in thirty years. A period of drought occurred between 16th May and 6th June. Sunshine hours for the year were about average with June again the sunniest month.

"This is the last report to record rainfall in inches and temperatures in degrees Fahrenheit. Future reports will record millimetres of rainfall and temperature in degrees Celsius (centigrade)."

From the information available it would seem that contamination of water supply was once again confined to isolated dwellings and private village supplies. Wherever such contamination occurred warnings were issued concerning the treatment of water before consumption.

There were no major problems concerning the quality of water and supplies generally were satisfactory. Supplies subject to Plumbo-solvent action were sampled as a matter of routine and where necessary advice given to ensure that correct materials were used on plumbing installations.

Water supply schemes approved by the County Council during 1970, are shown on page 40.

SOMERSET WATER UNDERTAKERS

The following are extracts from reports kindly provided by the three water undertakers in Somerset.

BRISTOL WATERWORKS COMPANY

Work carried out in the County during the year included the construction of a 500,000 gallon reservoir on Collard Hill and this work, together with the building of a new pumping station at Leigholt and the laying of about 2½ miles of 15in. and 10in. main, was designed to improve supplies in Street, particularly in the higher regions.

New pumping stations at Keeds Lane and Beggar Bush Lane, a new 500,000 gallon reservoir at Beggar Bush Lane and the laying of over 3 miles of 15in., 10in. and 8in. mains were all intended to improve supplies in the Long Ashton and Failand areas (Long Ashton Rural).

In order to improve the supply to Norton Radstock and Timsbury, 3½ miles of 12in. and 10in. main have been laid, a new booster built at Marksbury Plain and a million gallon reservoir is being constructed at Clandown.

Almost 6 miles of mostly 10in. and 8in. main, additional equipment at Wells Athletic Ground and Hillhouse plus new pumping stations at Croscombe and Compton Road, Shepton Mallet, will all provide extra water into the Shepton Mallet area.

More than 5 miles of mains, mostly 18in., 10in. and 8in., have been laid to help the existing distribution system in Frome and in due course a new borehole and pumping station at Oldford (Frome Rural) will augment the supply both to the Frome and Shepton Mallet areas.

Other mainlaying jobs carried out were almost 2 miles of 15in. main (to improve supplies in the Oldmixon area of Weston-super-Mare), 1½ miles of 8in. main from Lullington to Wolverton (to eventually improve supplies in the Norton St. Phillip, Rode and Wolverton areas in the Frome Rural District) and 1¼ miles of 6ins. main at Sutton Ditchat (Shepton Mallet Rural) to replace a 3in. main now inadequate to meet peak demands.

A new booster station was installed to provide an independent supply to the Wallington and Weston factory at Frome and a new booster was also commissioned at Doultling to enable increased amounts of water to be passed into the Coldharbour and Brottens reservoirs (Shepton Mallet Rural).

	Mains Laid in Yards		
	Trunk Mains 3"—18"	Tapping Mains 2"—15"	Total 2"—18"
Boroughs and Urbans	8,318	16,617	24,935
Rurals	34,591	29,280	63,871
Total	42,909	45,897	88,806
Resident population of Statutory Area in Somerset			299,740
Estimated population NOT supplied:			
(a) Rural areas with no piped supply available		446	
(b) Supplied by private wells, springs, etc., in Rural Districts		3,022	3,468
Population in Somerset supplied			296,272
Estimated additional summer population (average for six months— 1st April—30th September, excluding day visitors)—			
Weston-super-Mare	—	24,000	
Burnham-on-Sea	—	6,500	
Axbridge	—	6,600	
Wells, Glastonbury and remainder of Mendips	—	6,000	
Clevedon	—	6,000	
Portishead	—	3,000	
		52,100	
Average per annum			26,050
		Total	322,322

WEST SOMERSET WATER BOARD

Consumption rose again in 1970 primarily due to increased industrial demand, but all demands were met and no restrictions were applied.

In Bridgwater work on the new augmentation scheme proceeded and contracts for pipelines, pumping stations, filters and ozone plant have been let. A considerable amount of mains alteration is also in progress due to the M.5 motorway extension.

An extension of the Ashford Treatment Works was also completed and a new 10 in. main to Hinkley Point Power Station.

On Exmoor all mains in Withypool were replaced and a new source and service reservoir for Winsford constructed. Also extensions to the system in Bridgetown.

At Dodington a new service reservoir was constructed for the Holford area and at Maundown work commenced on the installation of micro-stainers to increase throughput of this station.

Following detailed investigations and reports, it has been decided that Wimbleball would appear to be the most favourable site for an impounding reservoir to meet the future needs of this Board and those of the East Devon and North Devon Water Boards and also the Devon River Authority.

WESSEX WATER BOARD

The average demand in 1970 rose from 7.75 million gallons per day to 8.19 m.g.d. and the average day in the peak week rose from 9.47 m.g.d. to 10.12 m.g.d. Industrial demand, both in Yeovil and Chard, continued to rise.

Cattistock and Tatworth sources have been improved and modernised. Storage reservoirs have been constructed at Chard and Leigh Hill near Tatworth. Work has started on the scheme to improve supplies in

the Curry Rivel, Langport and Somerton area by modernising the plant at Compton Durville Treatment Works and laying new trunk mains.

No date has yet been fixed for the Public Inquiry to consider the Board’s application to abstract water from chalk at Lower Magiston near Dorchester.

The following schemes were approved for grant aid under the Rural Water Supplies and Sewerage Acts, 1944–1965 and the Water Act 1945:

District	Scheme	Estimated Cost £
Bathavon Rural	Shockerwick Extension	9,098
Bathavon Rural	Stockwood Vale Extension	2,920
Axbridge Rural	Wrington – Havyat Green Extension	4,086
Taunton Rural	Blagdon – Leigh Hill Extension	2,200
Bathavon Rural	Claverton Village Extension	12,498
Frome Rural	Hemington Extension	8,000
Wellington Urban	Bagley Green to Pyles Thorne Extension	12,250
Bathavon Rural	Tunley – Stoneage Lane Extension	4,620
		£55,672

SEWAGE DISPOSAL

“Taken for Granted” is a report produced by the Working Party on Sewage Disposal. It deals with the problems related to a subject which, at least until the strike this year, is generally taken for granted.

In previous reports mention has been made of the growing demands for water in industry and trade and the urgent need for the conservation of water. The report also makes similar comment and emphasises that the growing demands for water make inevitable the increased use of treated sewage effluent in order to meet supply problems.

Financial particulars of schemes approved for Grant Aid purposes by the County Council during the year appear below.

The following schemes were approved for grant aid under the Rural Water Supplies and Sewerage Acts, 1944–1965:

District	Scheme	Estimated Cost £
Taunton Rural	Stoke St. Mary Sewerage and Sewage Disposal	29,000
Long Ashton Rural	Portbury Sewer Extension	810
Long Ashton Rural	Leigh Woods Main Drainage	18,000
Wellington Rural	Milverton, Oake and Hillcommon Sewerage and Sewage Disposal	240,000
Wells Rural	West Pennard Sewerage	121,245
Wellington Rural	Hillfarrance (Oake Parish) Sewerage	38,500
Long Ashton Rural	North Weston – Valley Road Sewerage	8,800
Williton Rural	Horner Sewerage	4,000
Shepton Mallet Rural	Lydford Sewerage and Sewage Disposal	86,500
		£546,855

The following schemes were approved prior to 1970, but costs and/or proposals were revised and re-submitted for grant aid under the Rural Water Supplies and Sewerage Acts, 1944–1965:

District	Scheme	Estimated Cost £
Bridgwater Rural	Nether Stowey Sewerage and Sewage Disposal	154,350
Shepton Mallet Rural	Evercreech, Stoney Stratton Sewerage and Sewage Disposal	63,036
Yeovil Rural	South Petherton—Hayes End and Pitway (forms part of major proposals now estimated to cost £414,924)	15,205
Axbridge Rural	Banwell to Langford (Stock Lane) Sewerage (Part of Phase I) of major proposals now estimated to cost £148,531	2,200
		£234,791

HOUSING

Circular No. 69/70 Housing Act 1969 – House Improvement and Repair. This circular gives further advice on certain points on Improvement Grants and Rents that have arisen since the coming into operation of the 1969 Act.

It would seem that since assistance for improvements was extended there has been a substantial increase in the number of grants made particularly in the case of discretionary grants for private owners.

The whole purpose of improvement grants is to encourage owners to provide modern services and amenities in sound older houses: to add substantially to the stock of satisfactory houses by converting out-moded properties, and where feasible conversion of other types of buildings into modern housing use. Every encouragement is given to owners to avail themselves of this facility. One question which this circular answers is that concerning central heating. It is now clearly stated that grant towards the cost of space heating can reasonably be given when this forms part of the cost of a scheme for converting a property into flats and for the comprehensive improvement of a dwelling. But it is not the intention that grant should be given merely for the installation of central heating.

SANITARY CIRCUMSTANCES

School Sanitation: Sanitary Improvement Programme

A 'progress report' on this programme appears in the School Health Service Annual Report. Briefly the present situation is that work has been completed on 110 schools and it is anticipated that by the end of the 1970/71 programme a further 47 schools will have been dealt with. Modernisation of sanitary facilities at these 157 schools will have cost an estimated £290,000 leaving some £74,000 of the amount it was forecast would be required to deal with those schools in urgent need of improvement. Based on present building costs a more realistic figure would be £200,000 in order to deal with those schools still outstanding.

CAMPING AND CARAVAN SITES

GYPSIES

Part II of the Caravan Sites Act, 1968 is now operative and this places an obligation on the County Council to provide sites for gypsies. A survey carried out in the latter part of 1969 and early in 1970 revealed a total of 68 families residing in the County who required accommodation. The County Council's policy for meeting their obligations is to have a number of small sites throughout the County, located where the need exists.

The first site for eight families has now been established in conjunction with the Bridgwater Rural District Council at Westonzoyland on the disused airfield. The capital cost of the site including acquisition of land was £7,493. The facilities provided include a communal ablution block, laundry and a separate w.c./utility store for each of the pitches, with all mains services provided. It is understood that this site which is controlled by the Rural District Council, is now operating quite well and without any real problems. It is to be hoped that similar facilities will soon be established in other parts of the County.

SCHOOL SWIMMING POOLS

An increasing number of school swimming pools are being covered and the water heated. The water temperatures involved, often over 80°F. (27°C.), with consequent heavier bathing loads result in the necessity for a much higher rate of filtration and chlorination.

Some older swimming pools have experienced trouble from cloudy water conditions after the installation of water heating equipment, requiring the replacement of the filter plant for one with a more rapid turnover. Higher running costs for these pools are generally acceptable due to increased use, but a strict control of water treatment is necessary.

Swimming pools have, in the past, been covered using a greenhouse type of enclosure made from aluminium alloy framing and flat glass fibre sheets. These enclosures give increased water temperatures above that of a similar open air pool because of the solar heating effect from the cover. Electricial heating has made necessary a new approach using a cover designed to contain the heat in the water. This is a more conventional building with insulated walls and roof. The swimming pool is then usable for most of the year if changing rooms are incorporated in the design. Air heating in the building is necessary in colder weather for the comfort of bathers and to reduce condensation damage to the fabric of the building.

Tests have continued in the use of chlorinated cyanurate as a chlorine donor. In a tableted or sachet form this chemical dissolves slowly giving a gradual feed of chlorine into the water, similar in performance to a mechanical chlorinator. There are now forty schools using this method of chlorination and in doing so have shown some reduction in plant maintenance costs due to the virtual elimination of mechanical treatment.

Several evening talks were given to Parent Teacher Associations and Mental Health Organisations concerning the provision of swimming pools.

Mental Health Training Centres

Swimming pools of the 'learner type', complete with solar covers, are fully operational at the Training Centres at Bridgwater, Taunton, Radstock and Glastonbury. Discussions have also taken place concerning the provision of a fully covered and heated pool at the Junior Training Centre, Yeovil.

The development of swimming pools over the past few years is set out in the following Table:

	Permanent Pools			Portable Pools	
	With Purification Plant		Without Purification Plant	With Purification Plant	Without Purification Plant
	Schools	Mental Health Training Centres			
Prior to 1960	2	—	13	—	—
1960	4	—	16	—	—
1961	7	—	19	—	2
1962	9	—	21	1	2
1963	13	—	20	1	3
1964	25	—	15	2	9
1965	29	—	15	9	10
1966	40	—	12	17	10
1967	48	—	11	26	4
1968	51	2	10	31	5
1969	56	3	10	34	5
1970	56*	4	10	44	4

* Includes 1 pool (Portishead Gordano Comprehensive)not in use.

Pools under construction — 3

Pools under consideration — 8

SUPERVISION OVER THE FOOD SUPPLY

THE MILK (SPECIAL DESIGNATION) REGULATIONS 1963 (AS AMENDED)

As at 31st December, 1970, 874 dealers were licensed to process and/or retail milk under these Regulations, viz.

Dealer's (Pasteuriser's) Licence	12
Dealer's (Steriliser's) Licence	1
Dealer's (Pre-Packed Milk) Licence	825
Dealer's (Untreated) Licence	36
Total	874

All the above licences are due for renewal at the end of the year and new licences issued will remain in force for a five year period ending 31st December, 1975.

There are 4,394 registered producers in Somerset of whom 146 are licensed by the Ministry of Agriculture, Fisheries and Food, to retail milk of their own production. These, added to the total above, give a grand total of 1,020 dealers in milk who are subject to routine sampling.

Full details of samples taken together with results are shown below. (Tables A, B & C)

Samples taken from the one remaining Hospital Farm on behalf of the Department of Health and Social Security numbered 9. These results are included in Table A.

Empty cleansed bottles are taken at frequent intervals from licensed premises and during the year some 300 bottles were submitted to the Public Health Laboratory for sterility tests. 191 were classified as satisfactory; 35 as fairly satisfactory; and 74 unsatisfactory.

Table A

	Number of Samples taken	Number Satisfactory	Sample Failures
Pasteurised:			
Bulk	8	8	—
Bottled	375	374	1
Totals	383	382	1
Sterilised	2	2	—

Table B

Licensed Dealers' Samples

	Number of Samples taken	Number Satisfactory	Percentage Unsatisfactory
Pasteurised	1,390	1,331	4.2
Sterilised	10	10	—
Untreated	539	473	12.2
Ultra-Heat Treated	28	28	—
Totals	1,967	1,842	6.4

Failure Table

	Pasteurised Milk	Untreated Milk
(1) Number failing Phosphatase Test	1	—
(2) Number failing Methylene Blue Test	57	66
(3) Number failing both Tests (1) and (2)	1	—
(4) Other samples failing	—	—

Table C

Licensed Pasteurising Plants and Dealers' Samples (Tables A and B combined)

	Number of Samples taken	Number Satisfactory	Percentage Unsatisfactory
Pasteurised	1,773	1,713	3.9
Sterilised	12	12	—
Untreated	539	473	12.2
Ultra-Heat Treated	28	28	—
Totals	2,352	2,226	5.4

BIOLOGICAL SAMPLING—BRUCELLOSIS

The Ministry of Agriculture, Fisheries and Food have now amended their voluntary scheme for the Eradication of Brucellosis. In 1971 compulsory eradication will be introduced in specially selected parts of Great Britain. Measures will also be taken to accelerate the build-up and maintenance of disease-free herds. This is most essential as it will provide a reservoir of replacements as eradication gathers momentum. In the meantime and outside the specially selected areas, farmers will be encouraged to clear their herds of reactors and qualify for the incentive Scheme which offers new payments for healthy herds.

As is now well known Brucella is a disease of cattle which can be transmitted to humans who are in contact with infected animals or who drink untreated milk from such animals. It is a most unpleasant and debilitating disease but adequate pasteurisation of the milk destroys the bacteria and renders the milk safe to drink.

For many years all producer retailers in Somerset have had their milk subjected to biological examination and of the 1,701 samples examined during 1970, positive evidence of Infectious brucellosis was isolated in 11 samples affecting 9 farms.

MILK SAMPLING—ANTIBIOTICS

It is some seven years since the sampling of untreated milk for the presence of antibiotic residues or other inhibitory substances was introduced. The presence of antibiotics is not only undesirable where humans are concerned but it can be a problem in the manufacture of certain products, e.g. cheese making.

The present procedure is that occasional samples are taken at certain creameries and producer retailers' premises and submitted to the County Analyst for examination. Any samples giving a reading indicating that penicillin or other inhibitory substances are present are reported to the Ministry of Agriculture, Fisheries and Food who are responsible for dairy herd management. Check samples are also taken to ensure that instructions concerning disposal of milk have been followed.

475 samples were examined during the year of which three gave readings in excess of the standard recommended.

CREAM SAMPLING

The Cream Regulations, 1970

These Regulations which came into operation on the 1st June, 1970, specify (a) requirements for the description and composition of cream; (b) permitted added ingredients, and (c) requirements relating to the description, composition, labelling and advertisement of cream.

Although there has been considerable discussion regarding the introduction of regulations clearly defining standards for cream, these have yet to be published. Meanwhile the present policy is to sample on an informal basis and submit all samples to the Public Health Laboratories to ascertain the hygienic standard of each cream sample and for the presence of brucella. Samples, other than double or clotted creams, are also examined by the County Analyst for the presence of antibiotics. During the six monthly period of sampling 148 samples were examined, but only 70 were classified as having a satisfactory hygienic standard.

Brucella, anti-biotics or other inhibitory substances were not found in any of the samples examined.

MILK IN SCHOOLS SCHEME

Details of milk samples taken from schools and other establishments during 1970 are set out in the following Table:

	Pasteurised		Untreated		Total
	Satisfactory	Unsatisfactory	Satisfactory	Unsatisfactory	
"Milk in Schools" Scheme	111	2	1	1	115
Central Kitchens and other County Council Establishments	75	5	5	—	85
Totals	186	7	6	1	200

SCHOOL MEALS SERVICE

Central kitchens and self-contained canteens are visited frequently during the year in order to inspect meat supplied under contract. Generally the quality of the meat supplied was good in every respect although there arose one or two cases where the meat was of poor quality and appropriate action was taken to deal with these complaints.

TABLE 1

CAUSES OF, AND AGES AT, DEATH DURING THE YEAR 1970

CAUSE OF DEATH	Net deaths at the subjoined ages of "Residents" whether occurring within or without the District.											
	All Ages	Under 4 weeks	4 weeks & under 1 year	1 & under 5 years	5 & under 15 years	15 & under 25 years	25 & under 35 years	35 & under 45 years	45 & under 55 years	55 & under 65 years	65 & under 75 years	75 & upwards
Enteritis and other diarrhoeal diseases	4	—	1	1	—	—	—	—	—	—	1	1
Tuberculosis of respiratory system	7	—	—	—	—	—	—	1	1	1	2	2
Other tuberculosis, including late effects	13	—	—	—	—	—	—	—	3	2	5	3
Meningococcal infection	2	—	—	—	1	1	—	—	—	—	—	—
Measles	1	—	—	—	1	—	—	—	—	—	—	—
Syphilis and its sequelae	2	—	—	—	—	—	—	—	—	—	—	2
Other infective and parasitic diseases	16	2	1	—	1	1	1	2	2	—	3	3
Malignant neoplasm												
Buccal cavity etc.	17	—	—	—	—	—	—	—	1	6	7	3
Oesophagus	40	—	—	—	—	—	—	—	5	3	16	16
Stomach	151	—	—	—	—	—	1	—	5	28	54	63
Intestine	221	—	—	—	—	—	1	4	10	42	66	98
Larynx	4	—	—	—	—	—	—	—	—	—	2	2
Lung, bronchus	315	—	—	—	—	—	1	5	27	107	123	52
Breast	160	—	—	—	—	—	1	7	29	42	50	31
Uterus	49	—	—	—	—	—	1	2	5	11	15	15
Prostate	53	—	—	—	—	—	—	—	1	5	16	31
Leukaemia	27	—	—	2	1	—	—	—	—	4	9	11
Other malignant neoplasms	389	—	1	—	1	7	10	17	24	91	125	113
Benign and unspecified neoplasms	15	—	—	—	—	—	—	—	2	3	5	5
Diabetes mellitus	88	—	—	—	—	—	1	1	2	10	31	43
Avitaminoses, etc.	4	—	1	—	—	—	—	—	—	—	1	2
Other endocrine etc. diseases	19	1	1	—	1	—	—	1	1	6	2	6
Anaemias	30	—	—	—	—	1	—	—	1	6	8	14
Other diseases of blood, etc.	1	—	—	—	—	—	—	—	—	—	1	—
Mental disorders	10	—	—	—	—	—	1	—	—	2	3	4
Meningitis	3	—	2	—	—	—	—	—	—	1	—	—
Multiple sclerosis	11	—	—	—	—	—	—	—	2	6	3	—
Other diseases of nervous system	86	—	2	2	3	3	2	3	8	13	15	35
Active rheumatic fever	1	—	—	—	—	1	—	—	—	—	—	—
Chronic rheumatic heart disease	69	—	—	—	—	—	—	1	8	20	22	18
Hypertensive disease	174	—	—	—	—	—	—	3	12	25	48	86
Ischaemic heart disease	1,726	—	—	—	—	—	1	12	89	258	531	835
Other forms of heart disease	419	1	—	—	—	—	—	3	5	19	63	328
Cerebrovascular disease	1,122	—	1	—	—	2	—	7	26	108	258	720
Other diseases of circulatory system	446	—	—	—	—	—	1	3	5	30	110	297
Influenza	137	—	—	—	—	1	1	4	10	22	51	48
Pneumonia	537	5	6	1	1	3	2	1	6	35	113	364
Bronchitis and emphysema	283	—	—	—	—	—	—	—	9	45	118	111
Asthma	15	—	—	—	—	—	—	2	3	2	5	3
Other diseases of respiratory system	79	—	10	3	1	1	—	2	2	8	20	32
Peptic ulcer	53	—	—	—	—	—	—	—	2	2	21	28
Appendicitis	3	—	—	—	—	—	—	—	—	2	—	1
Intestinal obstruction and hernia	25	1	—	—	—	—	—	—	2	4	4	14
Cirrhosis of liver	17	—	—	—	—	—	—	3	4	1	6	3
Other diseases of digestive system	85	1	1	—	—	1	1	1	4	13	21	42
Nephrosis and nephritis	20	—	—	—	1	1	3	—	2	2	5	6
Hyperplasia of prostate	23	—	—	—	—	—	—	—	—	—	3	20
Other diseases, genito-urinary system	58	1	—	—	1	—	—	3	2	10	18	23
Other complications of pregnancy, etc.	1	—	—	—	—	—	—	1	—	—	—	—
Diseases of skin, subcutaneous tissue	5	—	—	—	—	—	—	—	—	1	1	3
Diseases of musculo-skeletal system	35	—	—	—	—	—	—	—	1	7	8	19
Congenital anomalies	48	24	13	2	1	2	—	—	—	2	2	2
Birth injury, difficult labour, etc.	40	40	—	—	—	—	—	—	—	—	—	—
Other causes of perinatal mortality	23	23	—	—	—	—	—	—	—	—	—	—
Symptoms and ill defined conditions	51	—	—	—	—	—	—	—	—	1	1	49
Motor vehicle accidents	82	1	—	1	3	32	9	2	9	8	9	8
All other accidents	114	—	6	7	4	6	5	8	4	10	19	45
Suicide and self-inflicted injuries	44	—	—	—	—	1	5	7	6	16	6	3
All other external causes	20	—	1	—	1	1	2	1	3	4	4	3
TOTAL ALL CAUSES	7,493	100	47	19	22	65	50	107	343	1,044	2,030	3,666

TABLE 2

CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1970

URBAN DISTRICTS

CAUSES OF DEATH	Bridgwater	Burnham	Chard	Clevedon	Crewkerne	Frome	Glastonbury	Ilminster	Keynsham	Minehead	Norton Radstock	Portishead	Shepton Mallet	Street	Taunton	Watchet	Wellington	Wells	Weston-super-Mare	Yeovil	TOTAL (Urban District)
Enteritis and Other Diarrhoeal Diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Tuberculosis of Respiratory System	1	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	1	—	1	1	6
Other Tuberculosis, including late effects	—	—	1	1	—	—	—	—	—	—	1	—	—	—	1	—	—	—	2	—	6
Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1
Measles	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Syphilis and its Sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Other Infective and Parasitic Diseases	—	—	—	—	—	—	—	—	1	—	1	—	1	—	—	1	—	—	1	—	5
Malignant Neoplasm—																					
Buccal Cavity etc.	1	—	—	1	—	—	—	—	1	—	—	1	—	—	2	—	—	—	2	—	8
Oesophagus	1	—	—	1	—	2	1	1	1	—	—	—	1	1	2	—	1	—	2	1	15
Stomach	12	5	1	3	—	5	—	—	2	1	3	—	1	—	11	1	6	2	21	10	84
Intestine	8	8	7	5	4	8	2	1	5	5	3	4	1	2	13	2	3	2	25	9	117
Larynx	—	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	2
Lung, Bronchus	17	3	6	7	2	5	4	2	7	3	9	3	2	5	15	1	8	3	29	15	146
Breast	8	3	3	2	2	4	2	2	4	4	6	1	3	1	8	—	3	2	18	10	86
Uterus	2	2	1	1	1	2	—	—	—	—	2	—	—	1	3	—	2	—	6	4	27
Prostate	1	2	1	2	—	—	—	1	2	1	2	—	—	1	8	—	—	—	3	3	27
Leukaemia	2	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	3	—	7
Other Malignant Neoplasms	18	13	4	12	1	9	4	2	9	7	9	8	2	1	27	2	4	3	48	14	197
Benign and Unspecified Neoplasms	—	1	—	—	—	—	—	—	—	—	—	—	—	1	3	—	2	—	1	1	9
Diabetes Mellitus	3	2	2	2	—	1	2	1	1	—	1	1	2	2	2	1	2	—	10	5	40
Advitaminoses, etc.	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	3
Other Endocrine etc. Diseases	3	—	—	—	—	2	—	1	1	—	—	—	—	—	2	—	1	—	1	—	11
Anaemias	2	1	1	—	—	2	—	—	1	—	—	—	—	—	1	—	2	1	6	1	18
Other Diseases of Blood, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Mental Disorders	—	1	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	4
Meningitis	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	2
Multiple Sclerosis	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	3
Other Diseases of Nervous System	6	3	5	6	2	2	3	—	—	1	2	—	2	—	2	—	2	7	5	5	53
Active Rheumatic Fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Chronic Rheumatic Heart Disease	1	2	—	1	—	1	1	1	2	2	3	1	4	2	10	1	1	3	4	2	42
Hypertensive Disease	7	3	3	2	1	1	—	3	5	4	4	—	1	2	11	—	4	3	32	10	96
Ischaemic Heart Disease	76	51	27	59	13	36	15	14	37	33	37	25	12	16	89	15	37	21	211	86	910
Other Forms of Heart Disease	25	8	12	8	3	3	3	5	5	15	2	1	2	3	21	1	8	14	46	22	207
Cerebrovascular Disease	47	40	22	28	14	28	8	5	38	32	19	15	13	11	57	3	15	38	32	41	606
Other Diseases of Circulatory System	18	40	6	13	5	8	1	2	7	13	11	2	5	5	32	1	7	4	38	20	238
Influenza	11	6	2	6	5	9	1	3	1	—	3	2	1	—	12	—	2	3	15	6	88
Pneumonia	26	7	14	10	3	18	5	2	8	13	7	5	9	5	39	3	7	2	54	33	268
Bronchitis and Emphysema	16	6	—	9	6	5	—	3	10	7	7	7	1	3	9	3	5	7	31	9	144
Asthma	—	1	—	1	—	—	—	—	—	—	—	—	—	—	2	—	—	1	3	1	9
Other Diseases of Respiratory System	4	1	2	2	5	—	—	—	—	2	4	1	—	1	3	—	2	1	12	1	41
Peptic Ulcer	1	1	1	1	—	1	—	—	—	—	1	—	—	—	5	1	3	—	10	3	28
Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Intestinal Obstruction and Hernia	1	1	—	2	1	2	—	—	—	1	1	—	1	—	—	—	—	—	4	3	17
Cirrhosis of Liver	1	2	—	1	—	1	—	—	—	—	—	1	—	—	1	—	—	—	—	3	10
Other Diseases of Digestive System	5	2	—	1	1	2	1	—	1	—	3	2	3	—	5	—	1	—	12	3	42
Nephrosis and Nephritis	—	1	—	—	1	1	—	—	—	1	—	—	—	—	2	—	—	1	1	2	10
Hyperplasia of Prostate	—	1	—	2	—	1	1	—	—	1	—	1	—	—	1	1	—	1	2	—	12
Other Diseases, Genito-Urinary System	5	3	1	1	—	1	1	—	1	2	—	1	1	2	11	1	—	—	4	2	37
Other Complications of Pregnancy, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Diseases of Skin, Subcutaneous Tissue	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	2
Diseases of Musculo-Skeletal System	1	1	—	3	—	—	—	—	1	1	1	1	—	—	1	—	—	1	6	1	18
Congenital Anomalies	4	—	1	3	—	3	—	1	2	1	3	—	—	—	6	—	—	2	4	—	30
Birth Injury, Difficult Labour, etc.	2	—	—	1	—	5	1	—	1	—	2	1	1	1	1	—	1	—	1	2	20
Other Causes of Perinatal Mortality	—	1	—	—	—	1	—	—	—	—	2	1	1	1	—	—	—	—	—	4	11
Symptoms and Ill Defined Conditions	1	—	4	—	—	—	—	1	—	—	1	—	1	—	2	—	2	6	2	4	24
Motor Vehicle Accidents	2	—	—	2	1	2	—	—	2	—	3	—	1	1	3	1	2	2	4	6	32
All Other Accidents	3	2	1	2	1	7	1	—	2	1	3	1	2	3	1	—	2	4	11	3	50
Suicide and Self-Inflicted Injuries	4	1	2	—	1	1	—	—	1	2	3	—	—	1	2	—	1	—	2	3	24
All Other External Causes	1	1	—	—	1	—	—	—	1	1	—	—	—	—	—	—	—	—	4	—	9
TOTAL ALL CAUSES	349	227	130	201	76	78	57	51	161	157	161	88	75	74	428	39	138	135	833	349	3907

TABLE 3 CAUSES OF DEATH AT ALL AGES IN EACH DISTRICT DURING THE YEAR 1970

RURAL DISTRICTS

CAUSES OF DEATH	Axbridge	Bathavon	Bridgwater	Chard	Clutton	Dulverton	Frome	Langport	Long Ashton	Shepton Mallet	Taunton	Wellington	Wells	Williton	Wincanton	Yeovil	TOTAL (Rural Districts)	COUNTY TOTAL
Enteritis and other diarrhoeal diseases	—	—	—	—	1	—	—	—	—	—	1	—	1	—	—	—	3	4
Tuberculosis of respiratory system	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	7
Other tuberculosis, including late effects	1	—	—	—	1	—	1	1	—	1	—	—	—	—	1	1	7	13
Meningococcal infection	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	2
Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	2
Other infective and parasitic diseases	2	—	1	1	—	1	—	1	—	—	1	1	1	—	1	1	11	16
Malignant neoplasm.-																		
Buccal cavity etc.	1	—	—	1	—	—	—	1	1	1	—	—	1	2	1	—	9	17
Oesophagus	3	—	3	2	1	—	2	—	2	1	4	1	2	—	2	2	25	40
Stomach	7	3	6	2	5	—	1	7	10	1	4	2	4	4	3	8	67	151
Intestine	15	9	14	4	6	—	2	5	10	1	8	5	5	7	7	6	104	221
Larynx	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2	4
Lung, bronchus	17	3	16	11	11	5	11	8	26	5	18	2	3	10	12	11	169	315
Breast	8	7	4	4	5	2	1	3	11	2	9	—	3	4	3	8	74	160
Uterus	4	1	2	1	1	—	—	1	4	2	2	—	—	1	3	—	22	49
Prostate	—	—	5	1	5	—	3	3	2	1	2	—	—	—	2	2	26	53
Leukaemia	—	2	1	1	2	1	—	2	2	—	4	1	—	—	3	1	20	27
Other malignant neoplasms	26	7	9	8	8	8	10	7	22	9	16	9	8	18	13	14	192	389
Benign and unspecified neoplasms	1	—	—	—	—	—	—	1	1	—	2	—	—	—	1	—	6	15
Diabetes mellitus	3	2	3	1	2	—	—	5	3	2	3	3	1	5	8	7	48	88
Avitaminoses, etc.	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	4
Other endocrine etc. diseases	2	—	—	—	2	—	—	1	—	—	1	—	1	—	1	—	8	19
Anaemias	3	—	1	—	1	—	—	2	1	2	—	—	—	—	—	2	12	30
Other diseases of blood, etc.	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1
Mental disorders	—	—	—	—	—	—	—	—	2	—	4	—	—	—	—	—	6	10
Meningitis	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	3
Multiple sclerosis	3	—	1	1	—	—	—	—	1	—	—	—	—	—	1	1	8	11
Other diseases of nervous system	4	—	4	—	1	—	—	1	3	2	6	—	2	5	4	1	33	86
Active rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Chronic rheumatic heart disease	3	1	3	—	4	1	—	1	5	—	1	—	2	1	2	3	27	69
Hypertensive disease	9	4	10	3	4	1	5	7	4	1	10	2	—	4	8	6	78	174
Ischaemic Heart disease	93	48	43	37	55	8	32	41	111	31	83	22	59	47	43	63	816	1,726
Other forms of heart disease	28	13	18	17	10	1	4	9	18	10	29	4	10	12	11	18	212	419
Cerebrovascular disease	70	31	41	24	38	8	18	33	51	17	31	19	15	34	42	44	516	1,122
Other diseases of circulatory system	25	15	15	9	6	5	1	13	19	4	35	6	5	13	19	18	208	446
Influenza	6	4	4	2	3	—	1	—	4	2	4	2	1	2	10	4	49	137
Pneumonia	26	15	19	13	2	5	9	7	29	7	48	9	27	9	23	21	269	537
Bronchitis and emphysema	13	7	9	7	8	5	4	10	15	4	13	4	14	6	8	12	139	283
Asthma	1	1	2	—	—	—	—	—	—	1	—	1	—	—	—	—	6	15
Other diseases of respiratory system	6	3	2	3	—	2	—	3	3	—	3	1	—	6	2	4	38	79
Peptic ulcer	2	1	1	1	2	1	—	3	5	—	1	3	1	1	3	—	25	53
Appendicitis	1	—	—	—	—	—	—	—	—	1	—	—	—	—	1	—	3	3
Intestinal obstruction and hernia	1	2	—	—	1	—	—	—	—	2	—	—	1	—	1	—	8	25
Cirrhosis of liver	1	1	1	—	—	—	—	—	—	—	1	1	—	—	1	1	7	17
Other diseases of digestive system	4	4	7	—	1	—	5	2	3	3	5	1	2	2	2	2	43	85
Nephrosis and nephritis	1	1	2	—	—	—	—	1	—	1	1	—	1	—	1	1	10	20
Hyperplasia of prostate	—	1	1	1	1	—	—	1	—	—	2	—	—	1	3	—	11	23
Other diseases, genito-urinary system	3	1	2	—	—	—	1	2	1	1	3	1	—	3	—	3	21	58
Other complications of pregnancy, etc.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Diseases of skin, subcutaneous tissue	1	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	3	5
Diseases of musculo-skeletal system	5	—	1	1	2	2	—	3	1	—	—	—	—	2	—	—	17	35
Congenital anomalies	1	—	3	1	1	—	1	—	6	—	—	1	1	—	2	1	18	48
Birth injury, difficult labour, etc.	—	2	1	1	2	—	1	—	3	1	4	—	1	2	—	2	20	40
Other causes of perinatal mortality	4	2	1	—	1	—	2	—	—	—	1	—	—	—	—	1	12	23
Symptoms and ill defined conditions	1	—	1	—	—	—	3	2	—	1	3	1	3	8	1	3	27	51
Motor vehicle accidents	12	1	4	2	2	—	2	3	11	2	3	—	1	2	1	4	50	82
All other accidents	6	5	4	2	4	1	2	3	6	3	3	1	13	4	4	3	64	114
Suicide and self-inflicted injuries	3	2	—	2	2	—	1	4	3	—	1	—	—	1	—	1	20	44
All other external causes	2	1	2	1	1	1	—	—	1	1	—	—	—	—	—	1	11	20
TOTAL ALL CAUSES	428	200	267	166	203	58	123	198	400	123	372	106	190	216	255	281	3,586	7,493

TABLE 4

TABLE SHOWING FOR EACH URBAN DISTRICT, THE NUMBER OF BIRTHS, AND DEATHS, THE NUMBER OF DEATHS OF INFANTS, ALSO THE BIRTH RATE, DEATH RATE, AND RATE OF INFANTILE MORTALITY

Urban District	Live Births	Still Births	Deaths	Deaths Under 1 Year	Population	Crude Birth Rate	Adjusted Birth Rate	Crude Death Rate	Adjusted Death Rate	Infantile Mortality Rate
Bridgwater	457	7	349	9	26,820	17.0	16.7	13.0	13.4	20
Burnham	139	1	227	2	11,700	11.9	15.1	19.4	12.2	14
Chard	156	0	130	3	7,230	21.6	24.2	18.0	11.7	19
Clevedon	192	3	201	6	14,190	13.5	16.9	14.2	8.7	31
Crewkerne	72	1	76	2	5,040	14.3	19.2	15.1	15.1	28
Frome	276	2	178	9	12,580	21.9	23.9	14.1	10.6	33
Glastonbury	100	0	57	1	6,350	15.7	17.1	9.0	8.7	10
Ilminster	40	1	51	1	3,000	13.3	13.0	17.0	16.2	25
Keynsham	299	2	161	2	19,110	15.6	14.2	8.4	8.8	7
Minehead	83	0	157	0	7,630	10.9	14.7	20.6	9.5	0
Norton Radstock	268	1	161	6	14,690	18.2	18.7	11.0	11.3	22
Portishead	179	5	88	4	8,740	20.5	20.3	10.1	11.9	22
Shepton Mallet	106	1	75	2	6,000	17.7	18.6	12.5	9.8	19
Street	122	2	74	2	8,230	14.8	15.5	9.0	10.7	16
Taunton	558	8	428	9	37,410	14.9	15.2	11.4	10.6	16
Watchet	49	0	39	1	2,870	17.1	19.7	13.6	12.5	20
Wellington	134	1	138	1	8,420	15.9	18.1	16.4	11.0	7
Wells	106	1	135	2	8,380	12.6	15.1	16.1	8.1	19
Weston-super-Mare	645	5	833	8	48,000	13.4	16.1	17.4	10.6	12
Yeovil	371	5	349	8	26,150	14.2	15.1	13.3	12.0	22
Total of Urban Districts	4,352	46	3,907	78	282,540	15.4	16.8	13.8	10.6	18

TABLE 5

TABLE SHOWING, FOR EACH RURAL DISTRICT, THE NUMBER OF BIRTHS, AND DEATHS, THE NUMBER OF DEATHS OF INFANTS, ALSO THE BIRTH RATE, DEATH RATE, AND RATE OF INFANTILE MORTALITY

Rural District										
Axbridge	537	5	428	8	38,860	13.8	15.6	11.0	10.6	15
Bathavon	237	3	200	5	18,260	13.0	13.7	11.0	10.6	21
Bridgwater	430	3	267	6	25,820	16.7	17.5	10.3	10.2	14
Chard	179	0	166	4	12,970	13.8	16.8	12.8	10.5	22
Clutton	314	4	203	4	20,100	15.6	16.8	10.1	9.7	13
Dulverton	32	0	58	0	4,020	8.0	9.9	14.4	13.0	0
Frome	208	4	123	5	12,500	16.6	18.8	9.8	9.7	24
Langport	207	4	198	0	14,620	14.2	14.2	13.5	11.9	0
Long Ashton	627	6	400	9	39,960	15.7	15.5	10.0	10.7	14
Shepton Mallet	170	0	123	3	10,750	15.8	17.2	11.4	10.5	18
Taunton	362	6	372	5	25,580	14.2	15.5	14.5	10.6	14
Wellington	127	1	106	2	8,430	15.1	17.2	12.6	10.3	16
Wells	143	2	190	4	11,010	13.0	13.7	17.3	10.0	28
Williton	157	2	216	2	14,130	11.1	15.2	15.3	11.2	13
Wincanton	240	6	255	3	16,910	14.2	16.6	15.1	11.2	13
Yeovil	505	2	281	8	28,870	17.5	16.6	9.7	10.5	16
Total of Rural Districts	4,475	48	3,586	68	302,790	14.8	16.1	11.8	10.5	15
Administrative County	8,827	94	7,493	146	585,330	15.1	16.5	12.8	10.6	17
England and Wales 1970	784,482	10,341	575,208	14,269	48,987,700	16.0	16.0	11.7	11.7	18

TABLE 6

NOTIFICATION OF INFECTIOUS DISEASES

	Acute Encephalitis	Acute Meningitis	Tetanus	Leptospirosis	Dysentery	Infective Jaundice	Food Poisoning	Measles	Ophthalmia Neonatorum	Paratyphoid Fever	Scarlet Fever	Smallpox	Tuberculosis	Typhoid Fever	Whooping Cough	Rubella	Malaria
Urban Districts																	
Bridgwater	—	—	—	—	1	2	2	356	—	—	5	—	5	—	1	—	—
Burnham	—	—	—	—	—	4	2	63	—	—	1	—	—	—	2	—	—
Chard	—	1	—	—	2	—	1	5	—	—	—	—	1	—	—	—	—
Clevedon	1	1	—	—	—	3	—	213	—	—	—	—	2	—	1	—	—
Crewkerne	—	—	—	—	—	—	—	4	—	—	1	—	1	—	—	—	—
Frome	—	—	—	—	45	2	—	144	—	—	1	—	—	—	—	—	—
Glastonbury	—	—	—	—	—	—	—	90	—	—	—	—	1	—	—	—	—
Ilminster	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
Keynsham	2	—	—	—	—	—	—	141	—	—	2	—	—	—	—	—	—
Minehead	—	—	—	—	1	—	—	25	—	—	—	—	1	—	—	—	—
Norton Radstock	—	—	—	—	9	2	1	80	—	—	3	—	2	—	12	—	—
Portishead	—	—	—	—	7	1	—	68	—	—	—	—	1	—	—	—	—
Shepton Mallet	—	1	—	—	—	2	—	47	—	—	1	—	—	—	—	—	—
Street	—	—	—	—	—	1	—	58	—	—	—	—	—	—	67	—	—
Taunton	—	8	—	—	37	2	3	131	1	—	20	—	9	—	11	—	1
Watchet	—	1	—	—	—	—	—	23	—	—	—	—	—	—	—	—	—
Wellington	—	2	—	—	—	—	—	172	—	—	—	—	3	—	—	—	—
Wells	—	—	—	—	5	—	—	92	—	—	1	—	—	—	—	—	—
Weston-super-Mare	2	2	—	—	—	7	2	425	1	—	88	—	9	—	—	—	—
Yeovil	—	—	—	—	—	—	—	130	—	—	—	—	6	—	—	—	—
Rural Districts																	
Axbridge	2	1	—	—	1	23	—	330	—	—	57	—	3	—	5	—	—
Bathavon	—	—	—	—	1	—	16	58	—	—	7	—	2	—	—	—	—
Bridgwater	—	2	—	—	—	12	—	198	—	1	—	—	3	—	6	1	1
Chard	—	1	1	—	1	—	1	13	—	—	6	—	1	—	3	—	—
Clutton	1	—	—	—	—	—	4	26	—	—	1	—	—	—	3	—	—
Dulverton	—	—	—	—	—	1	—	3	—	—	—	—	—	—	11	—	—
Frome	—	—	—	—	4	1	—	111	—	—	—	—	—	—	1	—	—
Langport	—	1	—	1	3	—	—	90	—	—	—	—	—	—	12	—	—
Long Ashton	2	—	—	—	7	73	10	615	—	—	6	—	3	—	4	—	—
Shepton Mallet	—	—	—	—	2	—	2	46	—	—	3	—	—	—	15	—	—
Taunton	—	3	—	—	4	7	2	87	—	—	3	—	4	—	6	—	—
Wellington	—	—	—	—	—	—	1	41	—	—	—	—	1	—	—	—	—
Wells	—	—	—	—	2	2	—	90	—	—	—	—	—	—	—	—	—
Williton	2	—	—	—	—	2	1	30	2	—	—	—	1	—	7	—	—
Wincanton	—	—	—	—	2	4	—	103	—	—	—	—	2	—	16	—	—
Yeovil	—	—	—	—	—	4	—	180	—	1	—	—	—	—	—	—	—
Urban Districts	5	16	—	—	107	26	11	2,268	2	—	123	—	41	—	94	—	1
Rural Districts	7	8	1	1	27	129	37	2,021	2	2	83	—	20	—	89	1	1
Administrative County	12	24	1	1	134	155	48	4,289	4	2	206	—	61	—	183	1	2
Comparative figures for 1969	1	11	—	—	241	199	55	2,760	—	2	113	—	33	—	73	1	—

